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ABSTRACT

Presented are papers and proceedings of the National Institute on Program Development and Training in Recreation for Deaf-Blind Children, Youth and Adults (Iowa, 1974). Chapters 1-3 summarize institute participants' views on topics such as normalization, needs, and advocacy for the deaf-blind (DB); report a consumer's, a parent's, a rehabilitation worker's, and a recreation worker's perspectives on recreation for the DB; and include overviews and a national survey of recreation services for the DB. Chapter 4 focuses on programs and includes basic concepts and definitions, papers on residential programs and play facilities, and specific program descriptions in areas such as music, camping, and gardening. Activity areas such as swimming, arts and crafts and outdoor education, and the development and evaluation of motor skills for the DB are covered in Chapters 5 and 6. Examined in Chapter 7 are assessment, evaluation, and research in recreation for the DB. In chapters 8-11 leisure education, special considerations, advocacy (including organizational and parent advocacy), and administration of recreation programs for the DB are explored. A final chapter identifies resources and includes features of 19 selected DB model program sites, a review of the literature, lists of materials, and a guide to information sources. Appended is information on institute personnel, materials, and instruments. (LS)

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Program Development in Recreation Service for the Deaf-Blind

Edited by
John A. Nesbitt
and
Gordon K. Howard

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Program Development in Recreation Service for the Deaf-Blind

Based on Papers and Proceedings of:

National Institute on Program Development and
Training in Recreation for Deaf-Blind Children,
Youth and Adults

April 29-May 1, 1974
Iowa Memorial Union
University of Iowa

Organized by:

"Recreation Service for Deaf-Blind Project"
Project Director, Dr. John A. Nesbitt
Project Coordinator, Mr. Gordon K. Howard
Recreation Education Program
University of Iowa

Under the Sponsorship of:

Bureau of Education for the Handicapped
  Dr. Edwin W. Martin, Jr., Deputy Commissioner
Unit on Physical Education and Recreation
  Mr. William A. Hillman, Jr., Coordinator
Deaf-Blind Division
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Office of Education
U.S. Department of Health, Education and Welfare

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Preface

I want to take this opportunity to briefly relate our concern regarding recreation services for the deaf-blind child. Mr. Robert Dantona, the Coordinator of the Recreation Deaf-Blind Centers in the Bureau of Education for the Handicapped, has over the last three years been reviewing the recreation, physical education and leisure needs of the deaf-blind child.

The Deputy Commission of the Bureau of Education for the Handicapped, Dr. Edwin W. Martin, Jr., has been concerned for some time about increased provision of all types of services to severely handicapped children and incorporated the recreation, physical education and leisure needs of the deaf-blind into the proposed regulations and guidelines for the Education for the Handicapped Act.

Concurrently, various agencies and individuals in the field had been expressing their concerns over the needs of severely handicapped children, particularly deaf-blind children. One of these individuals was Dr. John A. Nesbitt of the University of Iowa who developed a plan and proposal designed to impact on the development of programs and services for deaf-blind children, youth and adults. This proposal was submitted to the Division of Personnel Preparation based on the critical role of training in the development of recreation programs and services for deaf-blind children.

Based on the priorities that had been set within the Bureau of direct attention to training that would impact on low incident groups such as the deaf-blind, the National Institute and subsequent training program was given support as one of a number of projects seeking to impact on the provision of services for handicapped children.

The National Institute and the subsequent Training Program was then one of a number of projects to be funded with the aim of impacting on the delivery of services and training relative to low incidence groups, in particular, the deaf-blind.

Mr. Dantona and I are hopeful that through the interface of professionals working with the deaf-blind and therapeutic recreation specialists and adapted physical education personnel we will be able to enhance the existing services and programs to the deaf-blind child.

As Coordinator/Consultant in Recreation and Physical Education in BEH I am also looking forward to this initial attempt to bring a dimension of services to the deaf-blind child that will further enhance their quality of life. As leisure, recreation and cultural programming is developed for the deaf-blind child, I'm sure that the enhancement of the child's life will be the greatest reward that we, as professional special educators, therapeutic recreation specialists and physical educators, can obtain from our present endeavors.

William A. Hillman, Jr., Coordinator
Physical Education and Recreation
Division of Personnel Preparation
Bureau of Education for the Handicapped
Office of Education
U.S. Department of Health, Education and Welfare

Messages

On behalf of President Boyd and my colleagues in the central administration it is my pleasure to welcome you the the University of Iowa and its facilities for this National Institute on Program Development and Training in Recreation for Deaf-Blind Youth, Children and Adults. The subject of the Institute is a very significant one and we are delighted that the University of Iowa, through the initiative and leadership of the faculty in our Recreation Education Program, can be associated with it.

As I am sure you may know, the University of Iowa has a long history, of which we are justly proud, of concerns for people, and in particular, handicapped people. Some of the units that come to mind that have mounted programs for the handicapped are the Department of Pediatrics, the Special Education Division of the College of Education, the Hospital School for Handicapped Children, the Department of Speech Pathology and Audiology, and the affiliated programs of State Services for Crippled Children, and there are many others.

It is a very heartening thing, particularly for me since my original training was in speech pathology, to see the increasing involvement of persons from such fields as recreation and physical education in programs of education and habilitation of the handicapped, more particularly, in this case, of the deaf-blind. In thinking about the possible impacts of such cooperative efforts words come to my mind such as enrichment and improved social effectiveness. But perhaps most important, at least in my view, is the recognition that the deaf-blind, who have so much to give to society, fully deserve to enjoy living life to its fullest. I hope this Institute will serve to heighten your awareness of evermore effective ways of achieving that objective.

Again, welcome and best wishes.

Duane C. Spriestersbach
Vice President and Dean
Graduate College
University of Iowa

Messages (Continued)

This Institute heralds an important advance in the recognition of the concern for the needs of the handicapped of this nation. It marks the beginning of an effort that will provide opportunity for many of the nation's most seriously handicapped people to achieve personal fulfillment, growth, rehabilitation, and education through play, recreation and cultural activities. I wish you every success in your work groups.

I look forward to reading the report of the proceedings and to receiving reports of the progress that each of you will make in your respective regions during the second year of on-site training and program development. If I can be of assistance to any participants, please don't hesitate to contact me.

Edward Mezvinsky
First District, Iowa
House of Representatives
Congress of the United States

I bring you the warmest regards of the Honorable Robert D. Ray, Governor of Iowa and welcome to Iowa and the National Institute on Program Development and Training in Recreation for Deaf-Blind Children, Youth and Adults.

The Governor's Committee feels that recreation is a very important part of a handicapped person's daily life. From this Institute, we hope to gain insight into the recreational problems of the Deaf-Blind.

Mike A. Nadler, Consultant
Iowa Governor's Committee on
Employment of the Handicapped

Introduction

This publication is based on the Position Papers and Proceedings of the "National Institute on Program Development and Training in Recreation for Deaf-Blind Youth, Children and Adults, USOE-BEH", held April 29, 30 - May 1, at the Iowa Memorial Union, Iowa City, Iowa. The Institute was organized by the Recreation for the Deaf-Blind Project of the Recreation Education Program, University of Iowa, under the sponsorship of the Bureau of Education for the Handicapped (Unit on Physical Education and Recreation), Office of Education, U.S. Department of Health, Education and Welfare.

Institute Objectives

The Institute was organized with the view that there existed a need for the initiation, expansion and improvement of recreation service to the handicapped. The stated objectives of the Institute were to:

I. Compile and senthesize existing knowledge and experience in recreation service for deaf-blind; and, develop guidelines for recreation service for deaf-blind administration; program and activity for Deaf-Blind Children, Youth, and Adults.

II. Determine specific problems, barriers and needs in the organization, development and provision of recreation opportunities for Deaf-Blind Children, Youth and Adults.

III. Develop strategies and planning to:
   a. Initiate, expand and improve recreation programs for deaf-blind.
   b. Develop a series of instruction packets on the organization and provision of recreation services for deaf-blind at various age levels.

Institute Methodology

To develop the necessary strategies and planning to initiate, expand and improve recreation for the deaf-blind the following projects were undertaken:

Status Survey

A survey form was developed and distributed to one hundred and fifty (150) regional sites that were identified as having a program or service facility for deaf-blind. This was undertaken to determine the extent of recreation programs offered, scope of staff involvement, methods of funding and other related areas.

This survey provided data and information on specific recreation program areas. From this, model recreation program sites were selected for use in individual case studies, and provided examples of model programs in specific activity areas as well as examples of calendars and schedules of recreation services provided. A report of this survey can be found in the Appendix of this publication.

Establishment of Agenda

To assist in the development of particular topics of concern relating recreation for deaf-blind, to obtain regional representation and individual input, the following Advisory Committee were established: the National Advisory Committee, Local Advisory Committee and Therapeutic Recreation Advisory Committee. Advice and guidance was obtained from these Advisory Committees on an individual and collective basis.

General recommendations on topics, issues and content areas as well as speakers for these areas were sought. Specific recreation activity areas, model agencies and recreation personnel in these activity areas were asked for. Specific physical education curricula and speakers for those areas were sought as well as names of agencies providing good examples of recreation program for various age levels.

These responses were then utilized in preparation of specific topical areas, specific program areas and concerns and used as a basis for selection of speakers for specific areas.

Participants

Participants for the Institute were selected to provide a wide representation of persons concerned with program development and service delivery to deaf-blind. Professional areas of service, i.e: administration, Regional Center representatives, recognized leaders in service to deaf-blind, recreation professionals, both academic and practitioners, persons from allied health fields and disciplines, such as child psychology and vocational rehabilitation were utilized. Consumers, parents and volunteers were also represented. Consideration was also given to representation from all governmental levels; Federal, State and Local.

Position Papers

Prior to the convening of the Institute topical areas were assigned to the invited participants. Guidelines for the preparation of position statements were included in the information packet. These were provided to assure a consistency of approach, format and detail of information needed.

The position papers submitted were used to stimulate group discussion, serve as a catalyst for additional comments and to provide a base line from which a group position might be developed.

Institute Plan

The following are the major phases and topics to which this Institute addressed itself:

I. General Sessions

- The Current Status of Recreation Service for Children, Youth and Adults who are Deaf-Blind.
- Evaluation of Student Development, Program and Service Effectiveness.
- Advocacy for Recreation Service for Deaf-Blind.
- Recreation Programs for Deaf-Blind Children, Youth and Adults.

II. Work Groups

Work groups were organized to deal with topics, problems, issues, and considerations which would lend themselves to being dealt with by assembling a small group to prepare guidelines, recommendations, etc. A short working paper or comments were outlined by the Group Leader and/or Project Staff in advance in order that members of the Work Group would have specific agenda to which they could react.

A. Administration of Recreation Programs and Serivces for Deaf-Blind.
B. Coordinating the Development of Recreation Sources within the Framework of Current State and Federal Programs.
C. Purchase of Recreation Services for Deaf-Blind.
D. Research in Recreation for Deaf-Blind.
E. Curriculum in Leisure Education for Deaf-Blind, K-12 and Curriculum in Physical Education for Deaf-Blind, K-12, a combined meeting.
F. Recreation's Contribution to Rehabilitation and Education of Deaf-Blind.
G. Students in Recreation for Deaf-Blind.
H. Recreation Facilities, Areas, Equipment and Materials.
I. Special Problems and Issues in Recreation for Deaf-Blind.

III. Activity Sessions

These sessions were organized with the aim of having selected individuals present their understanding of the best means of organizing and presenting various recreation activities for various age and functional levels.

The outcome of these activity education sessions provided a written report on how best to organize and present specific activity areas that could be shared with other workers serving deaf-blind, with students in recreation and other career fields, in the replication institutes and by those attending the Institute as they conduct in-service education institutes, workshops and training in their own states and regions.

Activity Areas

A. Aquatics and Swimming
B. Arts and Crafts
C. Camping and Outdoor
D. Mental, Literary and Hobbies
E. Play and Non-Structured Recreation
F. Rhythm, Music and Dance
G. Sports
H. Physical Activity Sessions
I. Deaf-Blind at Leisure
J. Social Recreation for Deaf-Blind

Institute Evaluation

A packet containing materials for various aspects of Institute evaluation and a Delphi to develop the total position statement was included in the participants information materials. This was used to develop the final Institute evaluation and Position Statement.

Acknowledgements

We wish to express our appreciation for the guidance provided to us by the personnel at the U.S. Bureau of Education for the Handicapped and especially Dr. Ed Martin, Mr. William A. Hillman, Jr., Dr. Robert Dantona, and Ms. Josephine Taylor.

We wish to express our gratitude equally to all the participants in the Institute who worked so diligently throughout a quite regorous and demanding schedule; to the Local Advisory Committee; to the National Advisory Committee; to the Therapeutic Recreation Advisory Committee; to the Project Staff, Dr. David Compton, Ms. Carole Hanson, Mr. Christopher Edginton, Dr. Gene A. Hayes, Dr. William G. Kummer, Mr. Charles S. Dougherty and Mr. James S. Horgan; Project Intern, Ms. Twyla Misselhorn; to the BEH Graduate students; and to the Institute secretaries, Ms. Leslie Sheaffer, Ms. Ellen Mihalovich and Ms. Ellen Madson.

Finally we would like to express appreciation to the assistance give by the many offices at The University of Iowa, including the Dean of the College of Liberal Arts, Dean of the Graduate College, Heads of the Departments of Physical Education for Men and Women and Special Education and support services, including the Conference Center of The Iowa Memorial Union, the Audio-Visual Service and the University Publication Center.

John A. Nesbitt and Gordon K. Howard

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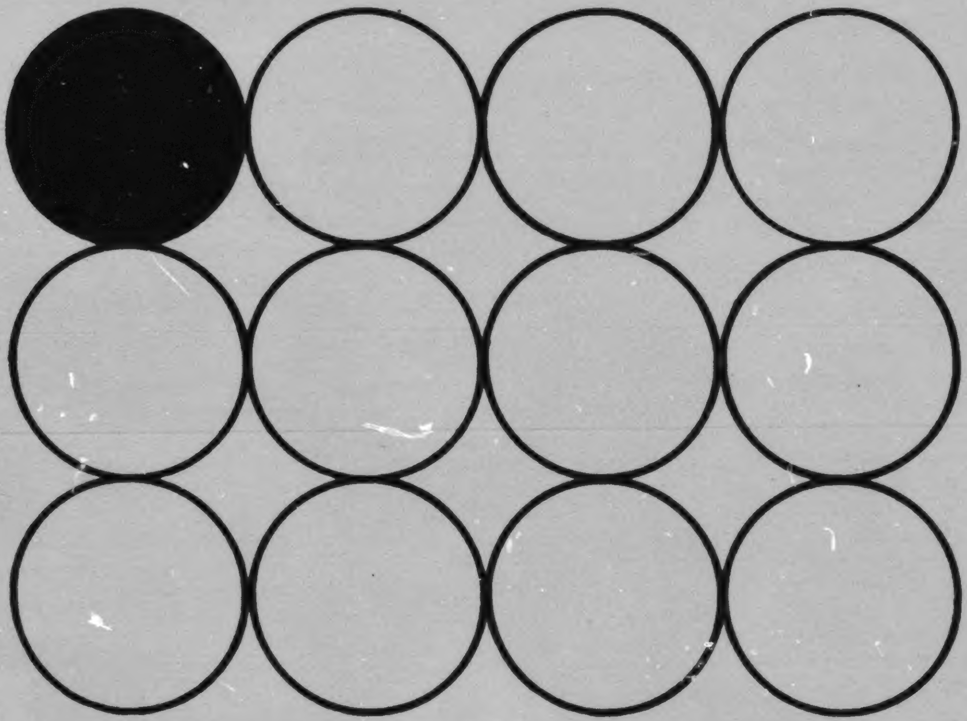
CHAPTER I. THE RATIONALE



This Chapter is devoted to presenting a philosophical and judgmental statement which will in many ways serve as the foundation for future development of recreation programs and services for people who are deaf-blind. In some respects it is a 'declaration' about the human and civil rights of a special population within the general population. Beyond that it is a statement of a social and economy goals of policy. Beyond that it is a statement of propositions, challenges and appeals which all professional personnel as well volunteers, parents, advocates and consumers concerned with the ill and handicapped in general and particularly those concerned with the deaf-blind may scrutinized, and if they are so moved, they may emphasize these propositions, challenges and appeals. It is hoped that this statement will be embraced and its mission championed.

A Statement of Rationale, Principles and Guidelines on Recreation and Recreation Service for Deaf-Blind Children, Youth and Adults

Compiled and Edited by

John A. Nesbitt and Gordon K. Howard

Based on the Views Judgements and Opinions of the Participants in the National Institute on Program Development and Training in Recreation for Deaf-Blind Children, Youth and Adults.

Held April 29-May 1, 1974
Iowa Memorial Union
University of Iowa

This statement was developed using a modified Delphi technique. The participants in the National Institute were requested to state by priority (in rank order) their judgements about issues, needs, benefits, etc., in relation to recreation for deaf-blind children, youth and adults.

These statements were analyzed and organized into the general statement which follows.

The aim of developing this statement is to provide interested persons with an awareness of the general views and judgements of the participants in the National Institute.

The following section reports the Delphi rankings. They are presented with consideration given both to frequency of response and rank weight of the statement.

Section I. Rationale

A. Rights-the basic human and civil rights related to recreation, social participation, cultural participation or leisure that people who are deaf-blind should have include the following:

1. The deaf-blind person must be afforded an equal opportunity to participate in recreational programs and activities.

2. The right to one's individuality in society must be provided to all deaf-blind.

3. All public facilities, including recreational, cultural, park and leisure facilities must be accessible to the deaf-blind.

4. The deaf-blind should be assured the opportunity to explore fully and to achieve their highest potential in all human rights and endeavors, including recreational, cultural and leisure pursuits.

5. The deaf-blind must have freedom of choice in decision making including the right to fail.

6. The right to inclusion in public, social, cultural, and leisure organizations must be provided to the deaf-blind.

7. The deaf-blind person has the right to equal opportunity in education, recreation, health, welfare and employment.

B. Normalization-the primary normal recreational, park, cultural and leisure activities that should be part of the 'normal life cycle' of the person who is deaf-blind include the following:

1. Special interest clubs, hobbies and leisure activities, in public and private settings.

2. Physical recreation activity, with provisions for adaptation, individual and group programs.

3. Independence in social recreation and provisions to make this possible.

4. Companionship and the provision of means of achieving normal relationships.

5. Privacy and dignity and provisions to facilitate this.

6. The opportunity through recreation to achieve communication and sensory stimulation.

7. Opportunity in leisure to contribute to one's community.

* C. Contribution to Rehabilitation - the primary contributions to special education, rehabilitation, adjustment, etc. made through the provision of recreation opportunity and participation by people who are deaf-blind include the following:

1. Provides opportunity for enjoyment and fun; purpose to life.

2. Improves social skills.

3. Provides an added dimension for education, social adjustment, rehabilitation, provocational experience and integration.

4. Enhances motor development and skills.

5. Contributes to personal adjustment.

6. Aids in control of behavior problems.

7. Enhances motivation.

* See the Report of the Work Group on Recreation's Contribution to Rehabilitation and Education of the Deaf-Blind for a more definitive statement relative to Emotional Needs, Provocational Needs, Vocational Needs, Educational Needs, Social Needs and Physical Development.

8. Provides emotional release of anxiety and hostility.

9. Provides opportunities for friendships.

10. Provides a setting in which to use and improve communication skills.

D. Therapeutic Recreation- the specific 'therapeutic' benefits achieved through recreation (the provision of therapeutic recreation services on an individualized, diagnostic basis) include the following:

1. Provides release from isolation.
2. Improves academic skills.
3. Improves social and emotional growth.
4. Assist the deaf-blind person in achieving independence.
5. Develops a sense of achievement of acceptance.
6. Develops positive self-concepts.
7. Inhibits unacceptable behavior.

Section II. Needs/Benefits

The following are primary needs and benefits received from recreation participation by deaf-blind persons as listed by chronological age groups.

A. 0-12 years.

1. Physical education/motor skills development
2. Development of body awareness.
3. Development of self-concepts, feelings of success.
4. Physical settings and facility for programs.
5. Development of remaining senses.
6. Social interaction and integration.
7. Diagnosis, programming and evaluation.
8. Expands environment.
9. Development of kinesthetic awareness and object concept.

B. 12-25 years

1. Social awareness, interaction and relationships.

2. Integration into community groups.

3. Sex experiences and education.

4. Individual leisure (hobbies, pastimes) activities development.

5. Awareness of cultural/social facilities.

6. Safe environment to experience emotions.

7. Increased sense of independence.

C. 25-50* This group contains many who have recently become deaf-blind (Usher's syndrom)

   1. Confidence to carry on jobs, family responsibilities and other activities.

   2. Outlet for activity, as participant and as spectator.

D. 50+ years

   1. Opportunity to participate with others in leisure activities.

   2. Arts, crafts and other individual activities.

   3. Outreach workers in recreation for the homebound.

Section III. Sites/Settings

The following are major problems that need to be overcome, needs to be met, or goals to be sought in providing recreation to deaf-blind various settings.

A. State Schools for the Blind

   1. It is difficult to find trained, experienced staff for recreation programs.

   2. Cooperation between the deaf-blind area and the total school program in recreation is needed.

   3. Counseling with parents should include information on recreation and use of leisure time by deaf-blind.

   4. Information on what a recreation specialist can contribute to the total program should be compiled and made available.

   5. Information gained from recreation programs should be shared so all programs can benefit.

E 25

6. The deaf-blind must be accepted as equal participants and included in all recreation programs in the schools.

7. Staff must develop positive attitudes toward recreation and recreation programs.

B. State School for the Deaf.

1. There needs to be increased involvement of the deaf-blind in recreation programming by all staff.

2. Placement of deaf-blind into community recreation services needs to be developed.

3. An increased sharing of information among staff is needed.

C. State Schools for the Deaf-Blind.

1. There is a lack of understanding of recreation's role and function concerning deaf-blind.

2. Trained staff in all areas, including recreation, is needed.

3. Recreation activities appropriate to the needs of the deaf-blind should be identified.

4. There is a problem of funding recreation programs.

D. State Schools for the Mentally Retarded.

1. There is lack of trained recreation staff for deaf-blind.

2. Adequate funding of recreation programs is needed.

3. A development model for recreation is needed.

4. Increased cooperation among recreation and other program areas is desirable.

5. Goals should be established for recreation for deaf-blind.

6. Adapted recreation equipment should be developed.

E. Public School

1. There needs to be an increased awareness and acceptance in recreation and leisure of the deaf-blind by peer groups.

2. Increased social recreation opportunity for deaf-blind students is needed.

3. The problem of segregation in recreation and leisure of special populations should be dealt with.

F. Sheltered Workshop.

1. The deaf-blind should be taught recreation skills.
2. Appropriate settings and opportunities for recreation are needed.
3. Sheltered Workshops should seek cooperative assistance from other agencies in providing recreation opportunities.
4. Recreation must be provided as a means of offsetting isolation of the deaf-blind.

G. Social Service Agency.

1. Workloads are extremely heavy resulting in a shorter time to adequately work with deaf-blind, especially in recreation.
2. Social Service Agencies should coordinate services and locate appropriate agencies to provide recreation opportunities for deaf-blind.
3. Financial assistance for recreation for deaf-blind programs is needed.

H. Regional Diagnostic Center.

1. Expert staffing in recreation is needed.
2. Opportunities for referral for recreation are needed.
3. An individual recreation developmental model is needed.

I. Other.

A. Public Recreation Facilities

   1. Recreation staff trained in work with deaf-blind are needed.
   2. Community recreation programs for deaf-blind must be developed.
   3. Volunteer assistance for deaf-blind recreation program should be provided.

B. Residential Schools

   1. The deaf-blind needs to be involved in community recreation.
   2. Individual hobbies and leisure skills need to be developed and utilized.

3. An increase in recreation programs which provide social interaction and opportunities to develop relationships are needed.

Section IV. General Development

In order to advance the overall provision of recreation for deaf-blind, ie.e, recreation activities, organization of recreation programs, administration of recreation, research and training in recreation for deaf-blind, etc. the following are actions considered necessary or barriers that must be overcome.

1. A system for providing information on local recreation programs, recreation agencies and other services involved in recreation for deaf-blind should be developed.

2. There is a need for in-service training programs concerning recreation and leisure education for the deaf-blind and others. Also, staff working with deaf-blind.

3. More work is needed in the area of communication needs and solutions in relation to recreation and leisure services for deaf-blind.

4. Provision for adequate funding for recreation programs should be discovered/implemented.

5. Information on successful or model programs in recreation should be disseminated.

6. Models for community interaction procedures in recreation and leisure, both social and facility sharing, need to be developed.

7. Programs for education of parents and community groups on the value of recreation should be developed.

8. Professional recreation for deaf-blind training sites should be developed to train both persons working in recreation and adjunct personnel.

9. Training programs for recreation counselors for deaf-blind should be provided.

10. Community groups that can be of assistance in recreation for deaf-blind should be identified and cooperation instituted.

11. A coordinating effort must be established to bring together recreation resources to meet needs.

Section V. Advocacy

The following activities will serve to help develop recreation services, programs and opportunities for people who are deaf-blind.

A. Advocacy by Professional Rehabilitation Personnel.

1. An in-service training program for rehabilitation personnel on the contribution of recreation services.
2. Action to develop legislation and endorsement of recreation and leisure services to deaf-blind.
3. Train and employ recreation specialists to work in rehabilitation of deaf-blind.
4. Implement a program of integration of deaf-blind into existing community services and community recreation programs.
5. Continue to assist in overcoming communication barriers in recreation and leisure participation encountered by deaf-blind.

B. Advocacy by Parents and Lay Citizens.

1. Conduct programs to enhance public awareness of the contributions of recreation to overcoming the problems of the deaf-blind.
2. Form deaf-blind parent groups that can take active leadership in organizing recreation opportunities and services.
3. Enhance efforts to provide a normal family and home life for deaf-blind through recreation and leisure activities.
4. Use recreation as a means of helping the public to understand and accepts the person who is deaf-blind in recreational, park, cultural and leisure settings.
5. Secure the rights of the deaf-blind to the "good life" through recreation and cultural participation on a par with the general population.
6. Support and institute funding of recreation and cultural programs for deaf-blind.
7. Develop strategies for the complete integration of deaf-blind into existing recreation, cultural and leisure facilities.
8. Assist in the development of complete family and community acceptance of the deaf-blind as a total member of society.

C. Advocacy of Recreation Personnel.

1. Develop in-service training and workshops on recreation for staff working with deaf-blind.
2. Recreation personnel should serve as resource people for new recreation and leisure programs being developed.
3. Membership in professional associations can give voice to calls for action to develop recreation programs for deaf-blind.

Section VI. Administrative Obstacles and Goals.

Major administrative obstacles to be overcome concerning goals to be pursued in initiating, improving and expanding recreation programs follow:

1. Financial support for recreation services, programs, etc.
2. Administrative support to recreation staff and recreation programs.
3. Provision of trained recreation staff to work with deaf-blind area.
4. Interagency cooperation to provide recreation and leisure opportunitiy for the deaf-blind must be expanded.
5. The role of the recreation specialist in development of recreation programs and services needs to be clearly established.
6. A greater understanding of the recreation characteristics and recreation and leisure needs of the deaf-blind needs to be developed.
7. A philosophy needs to be stated concerning recreation for deaf-blind.
8. There must be development of adequate recreation facilities.
9. A program of accountability must be implemented for recreation for the deaf-blind.

Section VII. Training Needs for Rehabilitation Personnel

These are specific needs in training and preparation of personnel working with people who are deaf-blind to enhance their ability to provide recreation opportunity for people who are deaf-blind.

1. Training in communication procedures and considerations in working in recreation with deaf-blind.

2. In-service training for non-degree recreation aides.

3. Develop new approaches to enhance interest in and desire for recreation.

4. There is a need for a training program in community relations in recreation for personnel working with deaf-blind.

5. A program of on the job training in recreation methods needs to be developed.

6. Material concerning evaluation, assessment, programming and administration of recreation services for deaf-blind needs to be developed.

7. Training on characteristic, terminology and problems of deaf-blind related to recreation and leisure is needed.

8. There is a need "to listen" to the deaf-blind person relative to recreation and leisure fulfill his/her needs, not impose needs, interests, etc., on them.

9. There should be an awareness of the individual deaf-blind person's abilities and needs.

10. A greater knowledge of motor skill development should be developed.

11. An understanding of motivational procedures in recreation is important when working with deaf-blind.

12. All persons working with deaf-blind should have some background in work and procedures with emotionally disturbed persons.

13. Centers for the development and training of personnel work in recreation for deaf-blind should be established.

14. Workshops on recreation and leisure for administrators, parents and others should be developed.

15. Persons working in recreation for deaf-blind should be highly skilled in adaptation of material and equipment.

16. Provisions for practicum are necessary for recreation students who wish to work with deaf-blind.

Section VIII. Training Needs for Recreation Personnel

Some specific training and preparation needs of recreation personnel who provide programs for people who are deaf-blind are as follows:

1. Training in deaf-blind communication techniq[illegible].
2. A knowledge of diseases and causes relating to deaf-blindness, their prognosis, etc.
3. An awareness of teaching techniques in working with deaf-blind.
4. Procedures in guiding the blind and cane mobility.
5. Methods of adapting activities and equipment.
6. A background in psychology of exceptional children and adults.
7. A knowledge of motor skill and development and adapted physical education.
8. Actual experience in work with deaf-blind.
9. A knowledge of techniques of curriculum development and therapeutic recreation program design.
10. Be familiar with individual prescription techniques.

Section IX. Reserarch

Listed below are some deficits in knowledge and insight that should be investigaged or studied through research.

1. Use of recreation in the elimination of unacceptable behavior in deaf-blind persons.
2. Analysis and determination of high "outcome/result" recreation and leisure activities for deaf-blind.
3. Research on effect of physical activity on motor development and physical growth of deaf-blind.
4. Establishment of motor development "norms."
5. Studies on determinents of increased motivation in recreation and the subsequent effect on general behavior.
6. Studies on the function of recreation and play in language acquisition.
7. Research on the use of recreation in treating the autistic child.

8. Case studies on the success of deaf-blind in community recreation programs, in family recreation, in institutional recreation, etc.

9. Correlation studies between education and recreation/ play.

10. "Life style" studies of recreation and leisure of various categories of deaf-blind.

Section X. Demonstration

Specific demonstration projects that should be conducted relative to recreation programs, activities and services for deaf-blind follow.

1. Regional demonstration recreation programs.

2. State demonstration recreation programs.

3. Development of university training team in recreation for deaf-blind to advise institutions.

4. Pilot projects in specific recreation areas (dance, art, etc.)

5. Demonstrate procedures for self-evaluation of recreation programs and activities which agencies are now providing.

6. Develop and evaluate the effectiveness of various audio-visual training aids, i.e., films, video tape, etc.

7. Develop and demonstrate a model camping program for deaf-blind.

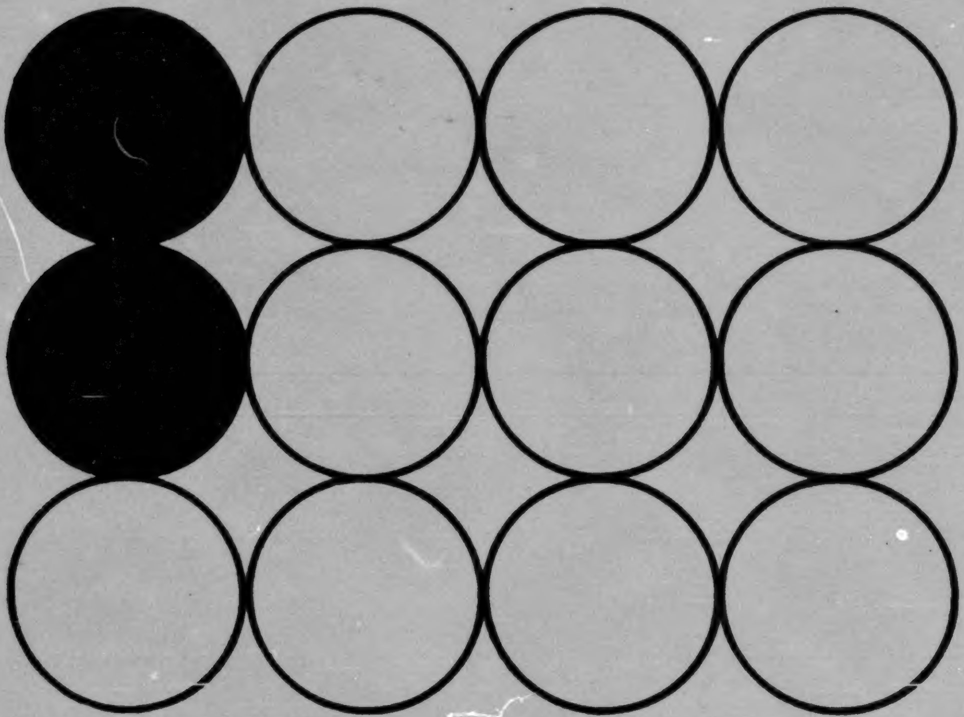
8. Develop and demonstrate a model social recreation program for deaf-blind in a community setting.

9. Demonstrate the effectiveness of a rural, itinerate therapeutic recreation person; and a regional TR consultant and a state TR consultant.

10. Demonstrate the effect on handicapped and non-handicapped of inclusion of deaf-blind person in regular, ongoing recreation programs.

11. Organize, conduct and evaluate the effect of on-site training in recreation for deaf-blind.

CHAPTER II. PERSPECTIVES



To gain a sense of personal insight into the many aspects and views of recreation and leisure services to the deaf-blind the following keynote perspectives are presented. While these are personal and individual views they convey the sense of humanism that prevails in all aspects of deaf-blind service.

A Consumer's Perspective on Recreation for the Deaf-Blind*

by

Robert J. Smithdas

It is very encouraging to know that the problems of recreation and leisure time activities for deaf-blind people are being seriously considered by a professional group, and I hope that the conference will result in finding solutions or recommendations which will eventually bring a greater measure of happiness to deaf-blind men and women throughout the United States.

It has been my personal experience as a deaf-blind person that recreation activities in many forms can be extremely beneficial to an individual who has lost both sight and hearing. Not only do such activities promote mental alertness and initiative, but they also serve a real purpose in developing a deaf-blind person's awareness of social graces and develop his physical coordination and sense of competition. Whether recreation is physically active or mentally challenging, it provides some of the best media for developing the total personality by expanding awareness of the world in which we live.

While I was growing up, I engaged in several physical sports, including swimming, wrestling, gymnastics, skating and horseback riding. I believe that all these activities were beneficial for me, as they helped me to compensate for poor balance caused by my handicaps by developing muscular control and physical coordination.

I cannot overemphasize my belief that they should be encouraged to participate in as many physical activities as possible. Even as an adult, I still continue a daily program of calisthenics which I feel is necessary for physical fitness.

Equally important are games in which two or more persons can participate -- such as cards, checkers, dominoes, and others. Not only do such games provide participation and competition, but they are mentally challenging, stimulating a sense of fair play and confidence through direct associations with others.

Deaf-blind children can--and should--be exposed to as varied a program of activity as possible, and this can usually be achieved readily in most school environments. There is a very real problem, however, in exposing adult deaf-blind persons to the same type of program, as many live in communities that do not offer such activities, with the exceptions of some of our larger cities where interested agencies have established special programs for the deaf-blind. We urgently need to find ways to reach deaf-blind individuals who live in isolated areas, in order to keep alive their interest and zest in living as active members of society.

The basic problem is to find ways and means of making the lives of deaf-blind people richer, fuller, happier, more productive. I sincerely hope that the Institute will resolve some of the answers to this problem, thus insuring a greater degree of human dignity to the deaf-blind people of our country.

*This paper was read by Mrs. Vera Schiller.

A Parents Perspective on Recreation for Deaf-Blind

by

Lillian Helgason

I consider this to be an honor --- to be asked to prepare a written statement on "A Parents Perspective on Recreation for Deaf-Blind". Since I am not an authority on recreation --- And what I consider recreation for myself can differ from what others consider recreation. I feel the only thing I have to share on this matter is my personal experience as a mother of a deaf-blind multiple handicapped daughter. She will be 21 years old next month. Through all these years there have been many adjustments and preparations made for her health, education and happiness. I never thought of the word "recreation" alone to be of benefit for the Deaf-Blind. I am sure it is because there have not been any specific recreational facilities available in our area for this population. As I ponder the definition of recreation I find in my World Book Encyclopedia dictionary it states: (recreation is play; amusement; walking; gardening; and reading are quiet forums of recreation.) What I like better for thisproject is what I read in your first "Newsletter" Vol. I, No. 1 of October 1973. ("No rehabilitation, vocational rehabilitation, or special education, therapeutic, medical or treatment plan is complete without attention to the individual's recreation and leisure needs and future")

I would like to itemize the situations and facilities that were available which we did benefit from and I feel gave the Deaf-Blind member in our family great stimulation, social awareness, acceptance and happiness. I think it is important that we keep in mind all Deaf-Blind needs are different depending on their deficiencies. My daughter developed an unusual nerve disease at a very young age and lost her hearing and most of her sight and coordination. She has a light sight in her left eye.

The recreational opportunities our LOCAL SCHOOL DISTRICT had to offer for a young student were basically the same you find today in any public school with special classes for the deaf. There was a need to improvise and reproduce all materials to large colorful print. And in our case, bright direct light on all print and art projects helped. Art, in the form of creative free hand drawing became one of the most enjoyable leisure passtimes. This was encouraged by the teachers and family because it helped us to understand her thoughts and desires when speech was unintelligible. Music & Rhythm were always favorite hours. It is important to sit closely with hand placed on whatever instrument, piano or record player for proper stimulation It is always amazing to watch the young deaf students perform a march, a skip, or a waltz depending on the ryhthm they "hear". I think the more we expose our young students to music, the more it will be related to happy times --- party times. It will also encourage them to relax and become uninhibited, clap their hands and sometimes dance. Music has proven to be the most rewarding method to bring excitement to Christmas festivities, Easter parties or whatever for the Deaf-Blind. Pantomime acting with background music or group games can be great fun also.

During the summer I would enroll our Deaf-Blind in the recreational program our School District had to offer. This gave her an opportunity to be with neighborhood children who were always willing to help, usually in the Arts and Crafts department.

Our School District's special education department has supported home tutoring whenever necessary upon request. This service has been appreciated and stimulating especially during periods of failing health.

OUR COMMUNITY has many interesting opportunities to offer all age groups and I tried to take advantage of everything I could that would accept a Deaf-Blind. There were times I had to do a lot of talking to explain our needs or volunteer my services. My daughter took an active part in Girl Scouts, I would assist only on tours and picnics since I felt it was important for her to have this experience without "The Mother" around.

Swimming became the most stimulating and therapeutic recreation of great enjoyment. To be exposed to water at a very young age I think is important. In our case it was a small back yard pool and weekends at the lake. The feeling of being with loved ones and family in the water I credit for her lack of fear. In the summer we took advantage of Red Cross lessons and in the winter a weekend program for multiple handicapped supported by the United Fund. She proved to be a good student and enjoyed her greatest freedom in the water.

We now have several swimming programs available for the multiply handicapped in our area but the first one specializing in the D. B. program is at the Fairbault Braille School. With the assistance of our Deaf-Blind rehabilitation counselor, my daughter Debbie and our neighborhood pool director, we started a Deaf-Blind swim program in our school district in the spring of 1973. We are now in the process of expanding this program and encouraging parents to enroll their children.

PERKINS SCHOOL in Boston accepted our daughter when she was 12 years old. During her six years there, swimming was her greatest enjoyment. Each spring when the school had open house for the public, you could be sure she was performing in the pool, frightening the "on-lookers" with her tricks.

Perkins class trips to factories, museums and historical places were of great interest. She enjoyed writing short stories and letters on what she did. She was imaginative and creative so what she didn't see she could "pretend". She had a desire to read everything --- but this took a lot of effort and at times discouraging even with large print, reading machine, and glasses. She learned braille quickly but could not master braille reading because of poor co-ordination. She amazed her instructors there on her fine sense of rhythm. In 1970 they taped several songs she sang with her cottage group.

CAMPING for two weeks every summer has been the greatest experience for every multiple handicapped in Minnesota that has been accepted to Camp Courage on Cedar Lake. We were able to take advantage of the great facilities offered there by the Minnesota Society for Crippled Children and Adults, "MISCCA" for ten years --- even though they had never accepted a Deaf-Blind before. Under the care of counselors, the campers were able to enjoy swimming, boating, fishing, nature trails, gardens, animals, arts and crafts, and fellowship with the same age group. We have many souvenirs and happy memories from camping days.

OUR CHURCH gave us special consideration upon request to place our Deaf-Blind member in a Sunday School class group where she could perform with her limitation with normal children. We were fortunate to always find teachers who would collect suitable interesting material for her Christian education and found her an inspiration to work with.

A devoted FAMILY and a happy home I think everyone deserves --- but to our handicapped, I feel it should be a requirement. We have been fortunate to maintain harmony within our home --- even though at times it seemed impossible. And our Deaf-Blind member has been blessed to have older and younger sister and brothers to lean on, to imitate, to share, to love, to play and fight with. We included her in every family function no matter what allowances we had to make. Some preach "Don't treat your handicapped any differently from your other children". That statement is fine because I feel we handle each person a little differently depending on their personality. But for the handicapped we do have to make allowances in order for them to enjoy whatever is planned. We as a family feel our Deaf-Blind multiple-handicapped member has enjoyed, and felt rewarded from everything we could manage from fun weekends on the lake, family trips, picnics, family reunions, taking part in Christmas festivities, Easter, Thanksgiving, family weddings --- to sharing a bedroom with her sister. To Sherry this has been happiness.

A Rehabilitation Worker's Perspective on Recreation for the Deaf-Blind

by

Louis J. Bettica

In offering a service of Rehabilitation to deaf-blind adults an agency must be prepared to think in terms of a program that will provide each individual with the skills and experience necessary to successfully enable him to adequately cope with the hours of his life not occupied by educational or vocational pursuits. The handicaps of deaf-blindness have such an isolating effect on the individual and those around him that no education or rehabilitation program is really serving the total individual until it helps the individual to develop the skills that will add a greater meaning to life.

The recreation program that I directed at the Industrial Home for The Blind was multifacited just as I believe every program should be. In a step by step process it provided the deaf-blind person with an opportunity to learn a game or an activity in an environment that was concerned with his interest and with workers or volunteers who were sensitive to his needs. It provided him with an opportunity to learn, in a controlled environment, to participate and compete with peers, to later move out and participate and compete with blind people served by the agency, to participate and compete on occasions with blind and sighted people, to participate on committees that initiated or developed other programs, to become elected officers of a club of their peers or other clubs at the agency and in some instances enable the individual to develop the skill and confidence to return to the club to which he belonged prior to the acquisition of the second handicap.

It is true, but possibly difficult to imagine that in the late forties the deaf-blind people, themselves, did not believe that recreation was a possiblity for them. Most of them had little recreational experience as deaf adults and most of their time had been spent in using their vision to its fullest as observers in the everyday activities around them.

I have deliberately kept away from the term idle hours, since no one really has idle hours. We are constantly active whether externly or internly. We either participate in an activity which can be readily observed and recognized or spend time in intrapersonal communication which is not discernible, nor does the closest observer know what is happening within us, and, I am sure most of us enjoy thoughts which may be more pleasant than reality. There is certainly nothing wrong with intro-personal communication by the deaf-blind; because, their immediate past experiences, and their immediate or long-range future plans, give them very little else to cherish. However, as a result of their handicaps and the resultant negative treatment they often experience by society, friends, and families, many of their hours are usually spent with thoughts that stir bitter feelings and often have a damaging effect on their egos.

An important consideration is to recognize the fact that deaf-blind people are most likely the only group among the severely handicapped who cannot benefit from an entertainment program. The person who is totally deaf and totally blind can not sit passively and be entertained. For example, radio, television, the theater, movies, observing nature, and even the old American custom of "girl or boy watching" is impossible for them, since all forms of activity and information input must involve the sense of touch or sight.

As debilitating as this sounds, and as limiting as it appears, our experience at the National Center for Deaf-Blind Youths and Adults, and twenty-five years of experience at the Industrial Home for the Blind of Brooklyn, has demonstrated that the deaf-blind person who has learned to utilize his remaining senses, and who perceives himself as a tactually oriented individual, can successfully participate in recreational or social activities. However, he or she, will most likely require the cooperation and mutual participation of another person.

Rehabilitation, as we see it at the National Center, is for the purpose of preparing the individual to use all his potential so that he can face life as independently as possible. Through its training program, trainees learn how to benefit from the sense of touch if totally blind, learn how to use vision in combination with the sense of touch if partially sighted, and how to participate actively on committees. Through casework, and as a result of the milieu which in itself places demands on the trainees, they leave the Center more adequately prepared for employment and better able to cope with society, friends and family.

Using the formula described above, deaf-blind persons can participate in a long list of games and recreational activities. To name a few, there are checkers, chess, dominoes, bingo, cards, scrabble, and many other table games which have been tactually adapted for use by blind persons. Many puzzles which can also be manipulated through the sense of touch should not be overlooked. Dancing, bowling, shuffleboard, fishing, swimming, roller skating, walking and jogging also have their place in such a program. Gymnastic activities are also possible and valuable. No doubt we can add to this list; but as simple or complex as any activity may be, the benefits derived from participation overshadows any specific activity. By this I mean that a game of tic-tac-toe can be as rewarding to one person as ice-skating or dancing is to another.

The trainee who participates on a committee is elated, as well as surprised, to realize that his or her opinion is requested and and valued. One young woman, who functioned on a rather low intellectual level, was extremely pleased with herself when she realized that she was the winner, over a sighted visitor, in a tic-tac-toe game. Riding on a tandem bicycle was a thrill for a young deaf-blind man who enjoyed this activity before his loss of vision. To all the above participants, the benefits are virtually the same. It is a moment of pleasure that will be recalled. It is like climbing a height that was not though possible; it is regaining a skill that was considered lost. In effect, it is not only a victory for the moment, but it is a victory against adversity.

Recreational and social activities are considered an integral part of the rehabilitation program at the National Center. We realize that the joys of victory, the pleasures of companionship, and having those lonely hours filled with thoughts of future plans of a positive nature, are as important to the deaf-blind person as food on the table, and if they are to survive this handicap which has proven so devastating to so many of their peers, these needs must be fulfilled. Although there are some recreational activities which can be performed by the individual alone, most important is the interaction with others and the challenge of competition shared with friends. Camaradarie, companionship, and respect for each other and for oneself can be acquired through such recreational activities.

For these reasons, which imply that education or employment alone may not solve the deaf-blind person's need for human relationships, recreation can be used as the bridge that could help each deaf-blind person travel from loneliness and isolation to socialization and a richer life

A Recreation Worker's Perspective on Recreation for Deaf-Blind Children

by

Mary Ann Meyer

Edwin Hammer said in the paper he presented at the 50th annual Convention of the Council for Exceptional Children, Washington, D.C., 1972,

> "What are deaf-blind children telling us? They seem to be telling us that they are first of all children. They seem to be telling us that they are developing in their early years similarly to other children, but observations indicate that this development is fragmented. They also seem to be telling us that programming for the young child who is deaf and blind must first address itself to aiding the child in the organization of behavior."

From this start, we can progress to skills development, concept formulation, and hopefully, formal learning. Deaf-blind children can move from total dependency to levels of independent living. Our challenge is to find a way to learn to listen to what deaf-blind children are telling us in such a way that programming helps them move toward independence.

I believe that, first a readiness program for the deaf-blind child will aid in the areas of social growth (motor, intellectual, self-care, self-occupation, and emotional growth) so that he may grow more independent, more self-confident, show more spontaneity in self-expression and hence, make the maximum use of his potential and to be able to participate to his utmost capacity in an academic program and in life in general.

Two of the most important goals to be considered by therapeutic recreators for social readiness, for the deaf-blind child are:

1. Social awareness
    a. recognizes familiar people
    b. cooperates willingly on most occasions
    c. has the beginnings of a desire to imitate
    d. enjoys interaction with adults and frequently seeks adult's attention
    e. shows some spontaneity in play

2. Intellectual activities
    a. is able to direct his attention more than fleetingly
    b. beginning to imitate briefly upon request--in accordance with his general level of functioning and understanding
    c. remembers simple things, such as certain routine location of objects, or ways of handling certain objects
    d. can solve simple problems encountered in everyday life, such as opening doors, finding a "dropped" object and so on

e. displays curiosity about his environment, Is active rather than apathetic

f. self-motivation-occupation (non-destructive play) is self-initiative and self-sustaining for periods of perhaps twenty minutes; ie., amuses himself constructively when left alone

g. perceptual ability; orients himself to the world through one dominent sense, and is beginning to use any residual amounts of the other senses in a "pre-supplementary" manner; in other words he is becoming aware of sensations received through his other senses but has not yet begun to use them discriminately.

I also have always maintained that a child learns by doing, rather than being done to. A passive attitude in a child must be overcome. He must experience interaction, active contact and give-and-take, with objects, situations, and people in order to grow and to really know.

A recreation worker must be enthusiastic! Have fun! If you aren't enjoying your life, it's a certainty that you won't be helping children to do so.

Feelings and attitudes are contagious. Foster in yourself "aliveness", interest and vitality - and as a consequence, these feelings will be activated in children. These children are very sensitive - they will pick up your feelings.

If a recreation worker is not awake to the wonders of the world, to the particular wonders of a child's world, he or she cannot awaken a child.

Time is precious to the deaf-blind child. At this level, working with artificial, abstract materials and situations should be at a minimum. Example: Dog - D-O-G. Forget about walking to the toy shelf and picking up a toy dog. You better take this child and go find a friendly, shaggy, lovable, lick-my-face-a-lot dog. The "toy shelf" world has less motivational value for these children since they have such a limited language.

Of course we must also be careful and practical--imagine the trauma resulting from sudden jumps from the dog and a dog bite.

We have a dog in our recreation department--that dog knows our general master plan so well that he knows when groups will be changing--and the hours of attendance of the younger age children. He know who are the ear-pullers, who are the "kissers" and who are the "stompers". He also has returned lots of love.

LOVE--That is really a key word in this field. A recreation worker must show a child love, that you like him, that you're on his side. The desire to be active, and to relate must be instilled and nurtured in these children.

THINK POSITIVE--In a recreational situation in which a specific response is desired, the recreation worker should try not to display a negative attitude. In most situations with younger deaf-blind--you're going to be on a one-to-one basis. If you are looking for a specific response--and get an incorrect one, and frequently undesirable behavior in general, it would simply indicate a need for more help, more time, more experience with the situation. You just have to "set-up" situations so he can respond appropriately and desirably, so that you can reward the response and hence reinforce it. We should attempt to elicit desirable behavior so that it may be rewarded--and attempt to find ways of redirecting undesirable behavior.

PLAY IS THERAPY WITH YOUNG DEAF-BLIND CHILDREN

The type of an intensity of play is correlated to a greater degree with mental and emotional development rather than physical development. My goal here is to preserve or foster in the child initiative and spontaneity of expression in play.

There are all types of play that I use and I will use the term "toys" loosely because most "toys" are of limited value to the deaf-blind child.

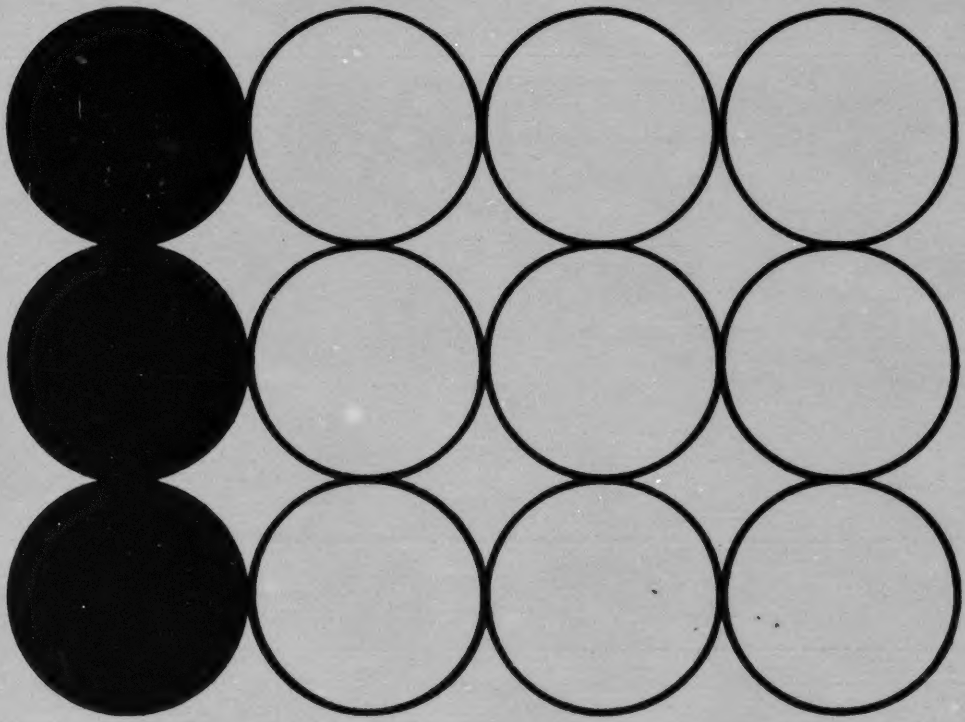
1. Creative materials:
   paints, crayons, clay, etc.
2. Exploration of environmental objects:
   door latches, banging doors, going up and down stairs, exploring waste baskets and drawers, crawling into boxes, water faucets, paper punches wheels, just about any and every object in existence
3. Conventional toys:
   push and pull toys, wind-up, turn-the-cranks, etc.
4. Natural materials:
   mud, snow, water, wetsand, sticks, stones, leaves, and so on
5. Outdoor materials:
   wagons, trikes, slides, trees, bushes, hills, etc.
6. Motor activities:
   running, jumping, climbing, tumbling, etc.
7. Environment "toys":
   dress-up clothes, (mother's dresses, father's ties)

In conclusion, I'd like to say that Lowenfield explains, "that one of the intrinsic qualities in a child is the creative spirit (that drive to explore, to discover, to use his ability for new adventures.)"

That creative drive is basically as much a part of our deaf-blind children as it is of any human child anywhere. The point for all of us therapeutic recreators to remember is, the fulfillment of the creative drive must be PERMITTED. (Not long ago I was in the swimming pool with the deaf-blind children from the unit on the Iowa Braille campus. It was great fun until I heard the comment, "Don't splash the water!!" Well, in the first place it was the wrong thing to say--everyone but the adults were deaf--right? In the second placy--why no?!! Water runs, water drips, water trickles, water is cool, water is wet, "I can kick, I can hit" says the child to himself. But why not splash? Who cares? Permit him to use his creative drive!!!) The deaf-blind child must be permitted to fulfill this creative drive. Hopefully, if properly fostered, the creative spirit will come to find expression in every facet of these childrens' lives, every thought and action.

So-----deaf-blind children are telling us something. I feel the most important message is---"We are children--we deserve to live in this world---with dignity and acceptance."

CHAPTER III. OVERVIEW



Where are recreation services to deaf-blind at in terms of development, scope and possible needs? As these baseline questions are answered then it may become easier to develop in the necessary areas, provide the guidance in the right places and in the right amounts and make provisions for future planning and development of recreation. The following reports provide a beginning at answering some of the status questions concerning recreation services to deaf-blind.

Recreation Fulfillment for the Person Who is Deaf-Blind: A New Frontier, A New Challenge

by
John A. Nesbitt, Gene A. Hayes and Gordon K. Howard

Neglect of Deaf and Blind Individuals

The deaf-blind disability area is one that has received virtually no attention from the recreation and leisure vantage point. Deaf-blind individuals possess varying degrees of potential and expectations regarding their personal recreation and leisure needs and desires. However, far too often the avenues for the fulfillment of these needs and desires are closed; they cannot, without assistance or special training, adequately satisfy their needs, achieve even an average degree of their expectations, or reach at least a minimal level of their potential in recreation and leisure time. They are, however, entitled to personal fulfillment in their social, recreational and leisure patterns of living.

The problem is two-fold. One, the deaf-blind must have adequate leisure education and experience in recreation and leisure to enable them to establish a meaningful, fulfilling lifestyle. Second, recreation and therapeutic recreation providing personnel must have adequate knowledge and training in the condition and circumstances of the deaf-blind that have a critical bearing on the recreation lifestyles of individuals who are deaf-blind. One method of overcoming both problems is to provide training of personnel in the role of recreation in helping the deaf-blind achieve fulfillment in recreation and leisure.

Definition of Deaf-Blindness

Writing in the Volta Review, Dantona (1971) defines the deaf-blind child as:

> a child who has both auditory and visual impairments, the combination of which causes severe communications and other developmental and educational problems that cannot be properly accommodated in special education programs that are developed solely for either hearing handicapped or visually handicapped children.

In discussing the definition of deaf-blindness, Dr. Peter J. Salmon, then the Executive Director of the Industrial Home for the Blind, was quoted in an article by Waterhouse (1969) as saying:

> There have been so many discussions as to what deafness and blindness is and so many approaches to the problems arising out of the combination of these two handicaps, that it might be well to say here, even though it may seem frightening, that I have learned that deaf-blindness is not just two disabilities -- deafness added to blindness; but is instead a third and totally separate disability.

Depending on which impairment demanded the initial adjustment, and at which stage in his life, the deaf-blind person will have made an adjustment to the "primary" handicap. However, with the onset of the second handicap, he must then make further psycho-social adjustment which will be superimposed on those already made.

One of the special features of the group of children who are deaf-blind is in the smallness of it's numbers. It is fortunate for those who have been spared the handicap of being deaf-blind; but, it creates serious problems for those who are unfortunate enough to be included in the group.

Incidence of Deaf-Blindness

Waterhouse (1969) reports that:

> As a result of the rubella epidemic of 1964-65, the number of deaf-blind children in the U.S. has increased. Nobody knows how many defective children resulted from maternal rubella at this time, though estimates have gone as high as 30,000. Of these, again, no one knows how many have a combination of deafness and blindness. However, agencies like Perkins School for the Blind, which are known to be concerned with the deaf-blind, are finding that inquiries and appeals for help are coming in the mail in increasing quantities.

In an article discussing the role of the Regional Centers for Deaf-Blind children, Dantona (1972) reported that through surveys conducted by the centers, 2,461 deaf-blind children had been located as of April, 1970. Over half of these children (54% of 1,332) were under the age of nine years.

It was stressed by Dantona (1972) that, "not all of the children located and suspected of being deaf-blind have had the benefit of comprehensive diagnostic and evaluative services to all deaf-blind children."

Despite the small number of deaf-blind persons in the United States, individuals are located in all parts of the country. However, there are some variations in frequency due to epidemiological and demographic factors. In reporting on deaf-blindchildren evaluated at the Center for Development of Blind Children at Syracuse University over a 10-year period, from 1956 to 1966, Wagner (1970) states that, "The first 75 children seen in Syracuse came from 21 states, with New York represented by the most (14) and 7 states each represented by one child." Other states with significant numbers of cases were Louisiana, with nine, and Pennsylvania and Illinois, with eight each.

Characteristics of Deaf-Blind

Wagner (1970) also reports in her study that deaf-blind children represented many different racial strains, had a wide variety of physical appearances and abilities from attractive, well-developed, healthy-looking children to frail, abnormally developed boys and girls. One half of the children in the study were either born prematurely or born to mothers who had contacted rubella early in their pregnancy.

Varying degrees of functional retardation and intellectual development are present in deaf-blind children. Functional retardation is most often present in areas of self-help skills with some children showing a marked delay in one or more maturational skills. Intellectual development will vary from the very gifted child to the child who is severely mentally defective.

Delayed intellectual development is related to numerous factors to both the child's overall physical and mental condition and to the environmental circumstances surrounding the child. Physical and mental factors would include prematurity, inadequate nutrition, physical trauma; environmental factors would include such things as over-protection, understimulation and decreased expectation due to a presumed disability like deafness, which may not be present.

Education Classification

Educationally, deaf-blind children can be classified, roughly, into five categories. Wagner (1970) lists these categories as follows:

1. Those with moderate to severe sensory impairment and academic ability within normal range who can achieve their intellectual potential only by means of the special education techniques available in a special deaf department.

2. Those with moderate impairment who have enough remaining vision or hearing to learn through techniques devised for the deaf or the blind respectively.

3. Those with mild sensory loss who can still hold their own in a regular school if skillful and understanding teaching is available.

4. Those who are either too young or too immature for formal education; and therefore, require a program providing developmental stimulation and training.

5. Those who have been exposed to the special methods of training or education devised for deaf-blind children and who have failed to show progress after a suitable trial period.

Regardless of which category the deaf-blind child may be classified in, it is very important that the child become involved in the appropriate educational program at as early an age as possible. The older the child before going to school, the less likely he is to relinquish with ease what he has learned at home. Of course the home environment is particuarly important with respect to the potential success of the child. The child will most probably return to the same home environment that he has left, and if the standards set for him there are lower than those set for him at school, he will quickly and easily relax and return to his former behavior pattern.

Miss Annette B. Dinsmore, in Curtis, Scott, Donlon, Edward and Wagner (1970), writing on Methods of Education has stressed the importance of play in the learning process. She says:

> When the teacher recognizes that the child has unexpressed concepts, we will be able to break through the barrier of no communication, reach the mind and personality of the child, and develop a plan for teaching.
>
> The handling of material of all kinds for sensory training can afford the child an endless variety of the same simple task - matching for size, shape, texture, color sequence, function, and the like, giving repetition without seeming to do so by changing material presenting the same problem. The teacher must have definite purpose in mind for each activity, such as concepts of numbers, big-little, hard-soft, up-down, rough-smooth, and similar contrasts. Imitation of gross and small movements of placing of materials. Every effort should be made to keep the spirit of play throughout the exercises.

Vocational Rehabilitation

The emergence of vocational rehabilitation of deaf-blind persons on a professional level is a relatively recent development. Prior to 1945, there were no formal programs for vocational training leading to the employment of these doubly handicapped people. However, some interested agencies, such as Perkins School for the Blind, did provide services and limited opportunities for employment for individual deaf-blind persons.

The Industrial Home for the Blind is one of the leaders in providing vocational evaluation, counseling, training, placement and employment for the blind and the deaf-blind. A founding purpose of the Home in the late 19th Century was that of providing employment for blind men and women. The Industrial Home for the Blind has maintained some services for the deaf-blind since 1917 when Dr. Peter J. Salmon joined the staff. However, it was not until 1945 on Helen Keller's birthday, with Dr. Keller giving the inauguration address, that the formal program of services to the deaf-blind was established.

Many deaf-blind individuals, after evaluation, find that their needs cannot be met through competitive employment in the industrial environment outside of the Industrial Home for the Blind. These individuals can benefit from an adaptation to a sheltered workshop.

According to Dr. Herbert Rusalem (1958), some deaf-blind persons have entered and succeeded in industry. Those who have done so seem to possess the following characteristics:

1. They are emotionally ready for competitive employment.

2. They have mobility.

3. Their skills are adequate.

4. They retain some useful vision. (Relatively few totally deaf-blind persons continued to maintain successful competitive employment).

5. Their blindness is slowly progressive rather than of sudden onset.

6. They tend to be emotionally stable and well-integrated individuals.

Importance of Communication

Two problems that prove to be major barriers for the deaf-blind are mobility and communication. In order to achieve success in freedom and independence in society, the deaf-blind must overcome these two major barriers. Success in achieving a sufficient degree of mobility and communication is of paramount importance for appropriate social adjustment. Robert J. Smithdas (1971), has written:

> We feel that an essential part of our program of rehabilitation and service is social adjustment for the deaf-blind. Exposure to recreational activities, to direct social intercourse with normal people, is most important, as it gives the deaf-blind person new experiences and enables him to become aware of the normal standards of life which he must meet in order to be a functioning member of society. Previous to training, many of our clients were sadly lacking in those social activities which usually mold the personality for normal living. They were overlooked, ignored and deprived, and so were unable to attain a realistic concept of those associations which are so naturally absorbed by normal people.

Annette B. Dinsmore (1959) states that, "The greatest problem facing any deaf-blind person will be affected by many factors; the two most important may be the nature and order of the onset of the dual impairment --the individual congenitally deaf-blind or one impairment preceding the other. Also, whether or not the child is grossly impaired as a result of maternal rubella will affect his ability to communicate." Jack Murphy (1956) a deaf-blind adult worker, wrote the following to Miss Annette Dinsmore concerning communication:

> During my 29 months at Mines Equipment, it frequently struck me that the difficulty of communication is predominately a social rather than an industrial problem for the deaf-blind. The simple repetitive tasks performed by the most sightless factory workers do not ordinarily require much oral instruction.

In order to function successfully in society, one must be able to communicate with one's fellowmen. It is no less important, but extremely more difficult to achieve, with the deaf-blind. Because it is such a difficult task and process, it must be started as early as possible in the life of the deaf-blind child. All rehabilitation programs must emphasize the communicative skills with the deaf-blind.

Recreation

Because we are dealing with the whole man, employment cannot be an end in itself. Recreation may offer as significant an approach to rehabilitation as work. Agencies vary in the size and the scope of their recreation activities, but whatever program exists should be available to deaf-blind clients on an equal level with all others being served. Deaf-blind clients should be encouraged and assisted to full participation.

There is very little written evidence in the literature relative to the importance of recreation for the deaf-blind. Major contributions have been made by two long-established agencies - the Perkins School for the Blind and the Industrial Home for the Blind. Both of these agencies have established a deaf-blind program and consider recreation a vital part of the rehabilitation program. Consider the following paragraph concerning the Industrial Home for the Blind's (1971) philosophy:

> It was recognized early that one of the major problems of deaf-blindness was the paucity of experience of many deaf-blind persons. In an effort to enrich the lives of deaf-blind individuals, a leisure-time program was organized. At first it was informal, consisting of games and simple conversation. It later grew into a program of greater complexity and sophistication. From a series of highly organized trips to points of interest in the Metropolitan area, deaf-blind clients moved into activities of greater social organization and were encouraged to plan for themselves . . . Because the deaf-blind clients vary in their abilities, needs and desires just as much as the non-handicapped. The agency (IHB) provides three levels of recreational services to their clients. These are listed as:
>
> 1. Within the organized program for the deaf-blind.
> 2. Within the organized program for the blind.
> 3. Within the seeing and hearing community.

The Industrial Home for the Blind (1971) further states that their recreation program is based upon the belief:

> that the majority of deaf-blind persons who require recreation service need a program specially conceived for their needs. A lengthy experience in serving this group has indicated that individual deaf-blind persons may be deterred from participating in some of the general activities for the hearing blind. This comes about because of communication difficulties, lack of readiness for large group activities, the need for intensive supervision, and a high ratio of volunteers and staff to the number of deaf-blind participants.

There are many schools for the blind and schools for the deaf across the national scene as well as other agencies that serve the needs of deaf and blind individuals. Many of these schools and agencies will have a special program or department expressly for deaf-blind persons. One example of such a school is the Iowa Braille and Sight-Saving School in Vinton, Iowa. The Director of the school's deaf-blind projects, Mr. Robert Stewart (1972), has stated the importance of recreation for the deaf-blind in two of the objectives of their Continuation Contract for the forthcoming year:

1. To assist the student toward acceptance within his family and community through:
    a. Counseling parents and students as necessary.
    b. Counseling toward independence and total self-realization.
    c. The provisions of opportunities to develop creative talents.
    d. The provision of recreational opportunities which give experience in interpersonal relationships.
2. To develop sound bodies and knowledge of the principles of good health through:
    a. A physical education program suited to deaf-blind children.
    b. The practice of the principles of health and safety.
    c. Medical, ophthalmological, audiological and dental service and an infirmary which provides immediate care for health problems.

The Role of Therapeutic Recreation

The foundations of therapeutic recreation services are based on the humanistic view that handicapped people are entitled to personal fulfillment in their leisure, just as non-handicapped are. When adaptation is necessary to make fulfillment possible, it should be provided. Second, recreation and leisure activities are, in fact, physically, emotionally, socially and intellectually, therapeutic. Finally, exclusion of the handicapped results in social and cultural deprivation, an entirely preventable handicapping condition. How may this fundamental position be related to the person who is deaf-blind? The general aim should be to meet what may be construed as the reasonable expectations of clients, their families and friends, and professionals whose experiences indicate the potential which may be achieved.

The place of the person who is deaf-blind in our society poses serious questions to professional advocates of recreation and leisure participation for atypical. In general, people who are atypical because of age, handicap, race or income are unable or are denied the opportunity to participate in the recreational and leisure life of the nation. The philosophical question is, "Do we believe that a handicapped person should be granted this 'work' reward when they may not have worked?"; the moral question is, "Should our Nation's wealth be used to provide recreation service for the handicapped?" and the legal question is, "Does the person who is handicapped have the right to 'the pursuit of happiness?'"

As the deaf-blind comprise a small and often remote population, there has been limited attention in the problems. There has been little attention directed to the deaf-blind by the recreation and park service in general and therapeutic recreation service in particular. Recreation service to deaf-blind should be given attention as has been the case with other categorical groups over the last 20 years.

Recreation - A Rehabilitation Necessity

It can be stated unequivocally that:

> No rehabilitation, vocational rehabilitation, or special education, therapeutic, medical or treatment plan is complete without attention to the individual's recreation and leisure needs, rights, aspirations and future settlement.

Primary Issues in Recreation for the Deaf-Blind

The following needs, problems and concerns are paramount in considering the development of recreation and therapeutic recreation for the person who is deaf-blind.

Social Problems

In general, our nation has been and is indifferent to the recreational and leisure crisis in the lives of the atypical, i.e. the aged, handicapped, minorities. The fact that the person who is deaf-blind lives in a bleak, empty recreational life has been of little concern to the general public or the helping and service professions.

Knowledge Deficit

There is neither professional nor descriptive nor scientifically based information which reflects adequately the status and level of the present recreation and leisure functioning of the person, child or adult, who is deaf-blind.

Leisure education for the deaf-blind within the framework of the special education program is one strategy for intervening to ameliorate the recreation/leisure deficits of the deaf-blind. However, there is insufficient information on which to base a leisure education curriculum for the deaf-blind. On the proposition that a leisure education curriculum could be formulated that would serve to improve the recreation/leisure behavior of the deaf-blind. There is no knowledge or insight which directs practitioners on when or how to provide leisure education.

Paralleling the question as to when to introduce leisure is the question of when and how should recreation programs and services would be introduced into the life of the deaf-blind persons to achieve the best results. Essentially, there is no research upon which to base development of a 'therapeutic plan' in recreation service for the person who is deaf-blind. Research is needed on primary dimensions of recreation and leisure for and with the deaf-blind such as:

the number, the role and the methods of the recreation leader/teacher/co-participant;

the efficacy of a wide range of standard recreation and leisure activity; the efficacy of adaptation;

the efficacy of using game-based simulations for a wide array of life-social-communications situations;

experimentation with the use of sensorily-oriented adaptation of recreation activities;

determination of the contribution of recreation to rehabilitation goals such as education, employment, social development, community functioning;

the effect of various mixes in the recreation program.

These are but a few of the basic questions that should be addressed in circumstances where all former knowledge, procedures, and methods must be appraised and graded solely on merit.

Development

Historically, recreation for the ill and handicapped and therapeutic recreation services have operated piecemeal in general program development. A research project in one part of the nation, a training institute in another, one group taking up a short-lived interest in legislation, an agency deciphering the federal regulations and able to obtain federal support.

What is needed in relation to the deaf-blind is a 'programmatic' effort which deals with every facet of the problem of recreation for the deaf-blind, from the basic 'state of the art' assessment of the level and status of recreation service to informing the public and advocacy groups of the long-range needs of the deaf-blind in order that they may have the opportunity to respond to this calamatious condition.

An organized effort should be conducted to identify all types of recreation and leisure services and programs that should be provided by special, public, private and voluntary organizations as part of the general service plan and continuum of services to the deaf-blind.

A series of program models including guidelines for staffing, budget, equipment, materials, evaluation, etc., should be designed to fit compatibly within the program provided for the deaf-blind child, youth and adult in centers and services being rendered. In particular guidelines should be developed which will provide for the gradual expansion of programs and services to an optimal level over a three to five year period using a step-by-step plan.

In order to assure the recreation and leisure opportunity to the person who is deaf-blind and in fulfillment of the deaf-blind person's basic human and civil rights, information and strategies should be developed for consumer advocacy, and professional advocacy for recreation and leisure fulfillment for the deaf-blind.

Program Methods

The sole unifying factor among the deaf-blind is the fact that the condition of deafness and blindness is shared. Recreation program and activity that is related to the limitation rather than the variations in personality, temperament, creative ability, and so on of the deaf-blind person will serve only to reinforce deaf-blind 'labelling' and its concomitants. Thus, leader methods and programs must be developed which emphasize individuality; which support and reinforce the development of the individual personality, the individual lifestyle.

As communication poses such a profound and continuing problem upon the deaf-blind person's innate abilities to respond to his or her physical and social environments, recreation and leisure methodology should exploit every possible recreation and leisure activity, experience, interaction, and device to help compensate for this deprivation.

There is a basic need to analyze existing recreation and leisure for deaf-blind programs in settings such as: residential institutions, schools, pre-school, camps, community park and recreation, vocational schools, sheltered workshops, voluntary agencies and facilities for aged. In this analysis, possible age-grouping would be: 0-4, 5-8, 9-12, 13-18, 19-25, 26-40, 41-65, and 65 and over. Out of this analysis may emerge significant insight which could serve as the basis for developing 'model' programs. However, the effort to develop models should not stop there. The effort should be continued with the design, demonstration and evaluation of new, innovative, and experimental models. While preliminary investigations have taken place in the development of linear diagnostic models for the delivery of therapeutic recreation, programs for deaf-blind demands the design, validation and use of a linear diagnostic tool or tools. The linear model needed will in part follow the generic assessment, diagnosis, prognostication, prescription, intervention, and evaluation sequence. Without such tools and their disciplined use, there can be no scientific rationale for recreation service for deaf-blind, or for the delivery of therapeutic recreation service.

Rehabilitation Role

Given the known deficits in the recreation and general functioning of the person who is deaf-blind, the question that must be answered in precise qualitative and quantitative fashion is, "What can recreation service and leisure activity contribute to special education, vocational rehabilitation, social functioning, social adjustment, and community functioning?" The failure too often of recreation services and the recreation workers to answer this question has almost been the undoing of the profession. In some situations, it has been the undoing of the profession. With the deaf-blind, other disciplines and services are profoundly concerned with meeting needs and achieving the maximum potential of the person who is deaf-blind, and they don't care what professional discipline does it. But, our deaf-blind advocate-colleagues want answers. And, if the recreation profession is unable to provide scientifically based answers, we may assume the ranking of recreation priority in service to the deaf-blind will sink to the same low priority that it has in various categorical programs and health and rehabilitation services.

In years past, recreation interaction with other disciplines and services has too often gone through the stages of introduction and interest, and then 'romance' followed by 'vows' and financial and program support.

When accountability was called for, recreation service was unable to document satisfactorially what had been achieved. Then there followed a cooling off period and the support provided to recreation diminished to what one might expect of a work-oriented society. Any reaching out to a new service or area should be undertaken with this history in mind.

There is also need to develop a professional articulation system which will guide the recreation worker and program in relation to the educational, vocational, communicative, social and adaptive preparation efforts of the other disciplines and services serving the deaf-blind. Too often, recreation service presents a very incomplete report of the relationship between programs and activities, the benefits derived and the general and specific goals of any given institution and service. Because of the magnitude of the sensory and communicative deficits, recreation services should be directed to devising and employing compensatory methods in recreation which will in whatever manner possible offset the deaf-blind person's deficits. It is an absolute professional requirement that any gains made through recreation must be communicated to the entire service team.

Joining the Deaf-Blind Service Team

In joining the deaf-blind rehabilitation-education service team there are a number of functions which the therapeutic recreation specialist should perform. In relation to recreation fulfillment, the recreation specialist should assist with parent counseling, social casework, child care and community agency service to and for the deaf-blind. The goals should be to increase acceptance of the client, to enhance interaction, and finally to enhance other workers in the performance of their functions.

In the educational realm, recreation should seek to enhance instructional goals in the following areas:

Communication skills, receptive and expressive.

Daily living skills, eating dressing, toileting, grooming, self-care, hygiene.

Mobility skills, ambulation and independence.

Physical skills, exercise, rhythm, motor development, activity such as swimming.

Sensory skills, using whatever sensory perception levels which exist.

Social skills, personal adjustment, interaction with others, play, recreation, field trips.

Environmental awareness and adaptation skills, recognizing and interpreting through tactile, visual and auditory stimuli.

Assessment and evaluation are essential elements in any educational or recreational service that is rendered to deaf-blind. Assessment should be on a "daily and weekly basis whereby the smallest improvements can be noted and recorded." The types of instrument that may be used includes the Adaptive Behavior Scale, physical education skills checklists, self-developed tests, progression scales, and so on. Assessment and evaluation of progress in recreation functioning should be made in individual recreation activity and in group activity, and in the home, in the school, in free play and in recreation.

As recreation becomes a part of the deaf-blind rehabilitation-education-service process, more distinct and more elaborate roles, functions and responsibilities will emerge.

Summary

The foregoing has been presented in an effort to provide the reader with an introduction to the life situation of the person who is deaf-blind and to suggest specific steps that should be taken in responding to the recreation and leisure problems, needs, aspirations and rights of this special population.

Action can be taken by many people within the recreation for ill and handicapped movement. Individual practitioners located in the vicinity of deaf-blind regional centers might offer their services in helping regional centers to initiate, expand or improve existing recreation programs. Students could request field placement in agencies serving the deaf-blind and seek careers in recreation service to deaf-blind. Graduate students could undertake research on any of the many problem areas suggested in this paper. Researchers and educators could include the deaf-blind in the range of problems and areas that they deal with directly in their research and in the classroom. The officials in the state and national professional associations could give direct attention to the deaf-blind by seeking opportunities for cooperation, exchange and so on with representatives of deaf-blind services and agencies. Whenever possible, opportunities should be sought to include deaf-blind participants, spokesmen, and representatives in any professional activity undertaken. Each of us can, and should, help in some way, however small.

Finally, at the national level, any one of a number of organizations might assume responsibility for coordinating activities and projects including legislative information campaigns on behalf of the recreation and leisure needs of the deaf-blind.

A profound and demanding challenge confronts anyone who wishes to respond to the person who is deaf-blind. Essentially, the challenge is to assist the deaf-blind person in achieving recreational and cultural fulfillment. Though few in numbers, the person who is deaf-blind is no less important individually than any other citizen.

The needs are program assessment, planning, research, training, program development, and advocacy. And, lots of work! Maybe that's what it's all about. We work so that others may play. We work the hardest so that the others who most need to play may have the opportunity to play.

A General Framework for Recreation Service for Deaf-Blind

by

Project Staff*

The organized recreation and park movement is embodied in the National Recreation and Park Association. This is a non-profit organization composed of 25,000 volunteers and professionals. NRPA has two professional branches whose members are concerned with providing recreation and park services directly to the public. They are the National Therapeutic Recreation Society, with 1,000 professionally registered members, and the American Park and Recreation Society with 6,000 members.

The National Therapeutic Recreation Society is the professional branch whose members work directly with ill and handicapped. The membership is drawn primarily from state schools and state hospitals. These members are known as 'recreation therapists' or 'therapeutic recreation specialist'. 'Adapted physical education' is the responsibility of the specially trained physical educator who usually works in the school system.

Definitions of Leisure, Recreation and Play

Professional recreation service usually includes definitions of a few very basic terms, such as leisure, recreation and play, as formulated by Kraus (Kraus, 1971), one of contemporary recreation's most noted authorities.

> Leisure is that portion of an individual's time which is not devoted to work or work-connected responsibilities or to other forms of maintenance activity and which therefore may be regarded as discretionary or unobligated time.
>
> Recreation consists of activities or experiences carried on within leisure, usually chosen voluntarily by the participant, either because of the satisfaction of pleasure he gains from them or because he perceives certain personal or social values to be derived from them. Like leisure, recreation does not have work connotations. When it is carried on as part of organized community or voluntary agency programs, it is designed to meet constructive and socially acceptable goals of the individual participant, the group, and society at large.
>
> Play customarily is also regarded as an activity carried on within leisure for purposes of pleasure and self-expression. It tends to be active and to be carried on in a spirit of competition, exploration, or make-believe. Customarily, play is regarded as a child's activity, although an adult may also engage in play and under some circumstances may find play in his work.

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*Hereafter, the information and materials written, connected or prepared by Dr. Nesbitt and Mr. Howard will be identified as "by Project Staff".

A Rationale for Recreation for Handicapped

There are four basic reasons that can be used in justifying special recreation services for handicapped children and youth (Nesbitt, Nov. 2, 1972).

I. Human and Civil Right to Recreation

The human and civil right of all people to participate in cultural, recreation and leisure pursuits has been stated in formal declarations. Public recreational buildings, for example, have been required in recent years to provide barrier-free entrances and exits for physically handicapped (International League, 1968).

II. Normalization in Recreation and Leisure

Normalization for handicapped, including recreation and leisure normalization, has already been accepted as a 'social policy' in European countries and increasingly is being accepted as a social policy in the United States. In the years to come normalization in recreation and leisure will become an increasingly prominant area of program support (Nesbitt, Nov. 2, 1972).

III. Contribution of Recreation to Rehabilitation

Day to day experience as well as a growing volume of professional literature supports the proposition that recreation participation contributes to the achievement of medical, social, educational and vocational rehabilitation goals. The contribution may be indirect, as when a patient must have relief from the demands of an intensive rehabilitation program; or, direct, as when social, cognitive or physical skills gained or practiced in recreation contribute to a general rehabilitation plan (Nesbitt, May 4, 1972; Neal, 1970).

IV. Therapeutic Recreation Service

Over the last 25 years therapeutic recreation service has developed a body of knowledge and conducted research that guides the present day practitioner in 'organizing, administering and presenting therapeutic recreation activities that make a definite contribution to the recovery or adjustment' relative to illness, disability or specific social problems (NTRS, 1973).

Recreation for the Handicapped

The following is an overview of major approaches to recreation for special populations. For each approach, the personnel must have competence in dealing with the traits of the clientele and adaptation.

Recreation for the Handicapped - Adapted or sheltered opportunity for handicapped to participate in recreation and leisure activities is offered by community park and recreation departments, special centers such as the San Francisco Recreation Center for the Handicapped and a few local voluntary health agencies.

Recreation for Ill and Convalescent - These programs are sponsored by hospitals and rehabilitation centers in an effort to make the setting liveable.

Sports for Disabled - Sports, games and athletics for disabled are provided through programs such as Special Olympics and Wheelchair Athletics.

Camping for Handicapped - Outdoor recreation in residential camps, day camps, trips, camping and so on is provided by voluntary health agencies or group, youth service, and religious social organizations.

Therapeutic Recreation Service - Programming offered by therapeutic recreation service personnel is divided between providing activities to meet basic recreation and needs and activities designed to contribute to rehabilitation, cure, or treatment.

The Delivery of Recreation Service

The amount of recreation service provided to handicapped children and youth living either in the community or in institutions is limited. In California which lists approximately 150,000 registered kindergarten through twelfth grade handicapped children and youth, only 3,000 are reported as being provided community park and recreation department services. Further, only 2,000 of California's handicapped adults, including aged, were reported as being provided community recreation and park services. The situation may be summarized as follows:

> No more than one-fifth of the nation's ill and handicapped are receiving any type of professional recreation and leisure service; the services provided are under-financed and offered only infrequently; there are severe limitations on materials, equipment, supplies, and staffing; and, support services, such as transportation, are very limited.

The Handicapped and Enforced Leisure

For millions of ill and handicapped for whom there is no employment, limited employment or only part-time employment, leisure if forced upon the recipient. Enforced leisure has a different meaning for the non-worker than the worker.

The challenge is to make enforced leisure into an experience where the individual may achieve his or her maximum potential. The challenge to those serving the deaf-blind person is to manipulate the recreation environment to this end.

Education for Leisure

The aim of "leisure education" is to provide students with the competencies necessary to willfully direct their leisure occupations in a manner that is personally satisfying and fulfilling, that is culturally meaningful, and that is socially worthwhile.

Special Leisure Education

The aim of 'special leisure education' is to provide students with the special competencies necessary to overcome, adapt, modify or in other ways achieve the goal of normal recreational, leisure and cultural pursuits and participation.

Career Education

The general field of recreation, parks, leisure and cultural services is expanding and offer opportunities for the handicapped including the deaf-blind.

A National Survey of Recreation Services for Deaf-Blind Children, Youth and Adults

by

The Project Staff

A preliminary listing of program sites that provide services to Deaf-Blind individuals was compiled by the project staff. Over one hundred and fifty (150) preliminary sites were identified as having programs for deaf-blind. These sites were sent a Program Survey (Appendix A).

Data was sought in the following areas: (1) Type of center offering programs; (2) population receiving services in the deaf-blind area; (3) primary program areas and facilities; (4) data on sources of financial support; (5) type and quantity of staff in the deaf-blind program; (6) recreation program information regarding primary staff, philosophy and budget.

Sixty-five (65) questionnaires were returned and analyzed. The data reveals the following: (1) 22% of the centers classified themselves as State Mentally Retarded Schools, 28% were programs in Public Schools, 11% responded as State Braille Schools, 3% were Social Service agencies, one program responded as being a Sheltered Workshop and 35% responded as Other classifications.

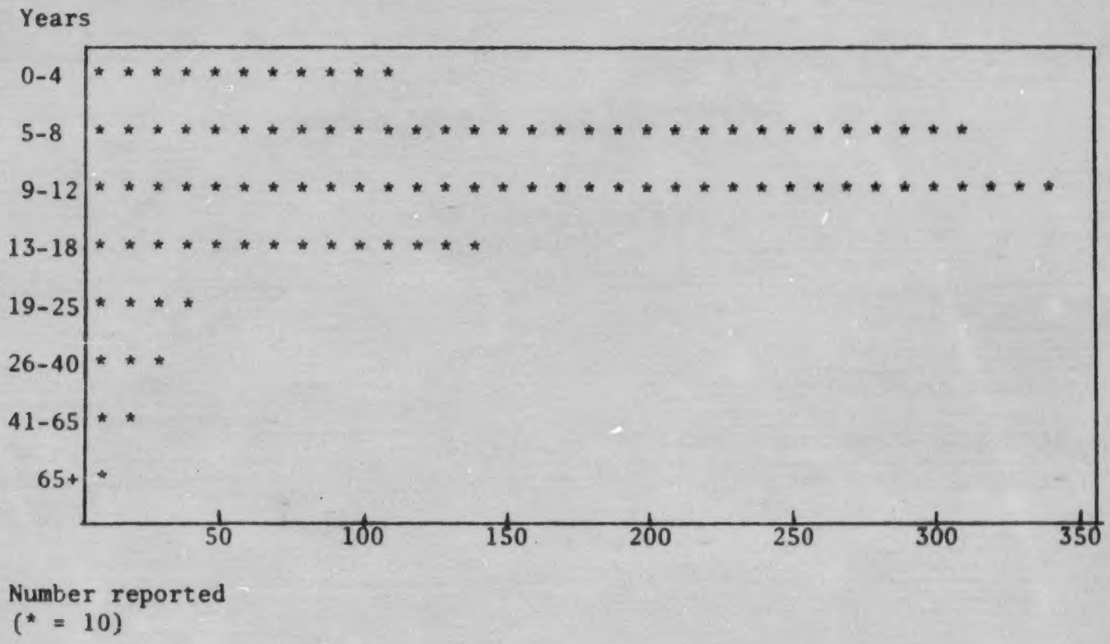
Those programs in the Other classification related to a wide range of institutions, programs and projects. To understand some of the numerous sites that serve deaf-blind the following list will reflect this variety.

Private Hospital
Hospital Out-Patient Program
University Medical Center
University Speech and Hearing Clinic
Educational Center for Communication Disorders
Residential School Unit: Itinerant Program
Infant and Preschool Program for Handicapped
Private Preschool Center for Multi-Handicapped Deaf-Blind Children
County Association for Retarded Citizens
Federal Grant Project
Board of Cooperative Services
Evaluation Center for Deaf-Blind Children

Population

The chronogical age group data revealed that the largest population group was the 9-12 year group with 250 persons in deaf-blind programs, the 5-8 year old group reported 206 persons and the 13-18 year old group had 112 persons in programs. No persons were reported in deaf-blind programs at the 41-65 year and 65+ levels. Only 2 were in the 26-40 year old group. The following graph shows the population distribution as reported.

Population Reported in Deaf-Blind Program
(Chronogical)



Primary Programs

The responding centers reported that 77% of the centers were providing Pre-academic programs, 30% provided Academic, 63% were Vocational training programs, 8% provided Sheltered Workshop settings, 9% were Custodial settings and 34% were Other settings.*

Most centers report Pre-academic, Vocational Training and Academic programs and the largest numbers of clients are in the lower age groups. It should be noted that recreation specialists hold the view generally that it is at this early age level that the use of recreation and leisure should be developed for carry-over and enhancement of the skills and lifestyles of later life.

Facilities

Facilities used by reporting programs show that the classroom and playground are available in 85% of the reporting sites. This follows the orientation to pre-academic and academic settings that most programs report. The following table shows the number of programs reporting the availability of each facility.

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*Totals may be more than 100% due to centers reporting providing more than one service area.

Facilities Used by Deaf-Blind Programs

Facility	Number of Programs Reporting Use	
Separate living unit	15	23%
Integrated living or wards	17	26%
Day care center only	5	8%
Classroom	55	85%
Playground	31	48%
Gymnasium	25	38%
Swimming pool	33	51%
Playground	47	72%
Other	13	20%

Funding and Financial Support

Funding for programs falls into two major categories, Federal fundes and State Education funds. 72% of the programs receive Federal Assistance and 62% receive State Education funds. Private donations support 23% of the programs, 12% receive State Welfare assistance and 22% receive funding and financial support from other sources.*

Program Staff

In reporting the staffing patterns for the programs for deaf-blind total population of staff is shown. Following the pre-academic and academic orientation of programs the largest numbers of reported staff are teachers (244) and teacher aide (241). The third largest group are the volunteers (162). Only four (4) staff are reported working in the staff position of recreation specialist (therapeutic). This dramatically points to the lack of professional recreation personnel involved in services to deaf-blind.

Total Staff in Programs for Deaf-Blind

```
Teacher                 | ************************************************
Teacher Aide            | ************************************************
Technician orderly      | **
Technician aide         | ************
Speech Therapist        | ********************
Physical Therapist      | ****
Occupational Therapist  | *****
House Parent            | ********************
Social Worker           | ******
Nurse                   | **********
Audiologist             | ***
Physician               | *****
Physical Ed. Teacher    | *********
Rec. Specialist (TR)    | *
Volunteers              | ********************************
Others                  | *******
                        |
     Number (*=5)       |   20  40  60  80  100 120 140 160 180 200 220 240
```

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* Totals more than 100% as funds are from more than one source.

When asked if the reporting program has a "organized recreation program" (defined as staffed-funded) forty three (66%) programs responded - No. Twenty (31%) responded as having a recreation program and two programs (3%) did not respond.

Those responding as having a recreation program at their site reported teachers and teacher aides as having primary responsibility for the recreation program. Recreation or allied field represented less than half (45%) when this population was combined. The following table shows the staff primarily responsible for the recreation program for deaf-blind.

Primary Staff Responsible for Recreation Program

Staff	
Teacher	***************************
Teacher aide	*************
House parent	******
Adapted Physical Education	*****
Occupational Therapy	***
Motor Specialist	**
Director of Recreation	****
Swimming instructor	**
Physical Therapist	**
Recreational Specialist	***
Other Staff	****
No. of Programs (*=1)	5 10 15 20 25

Recreation Program Philosophy/Guidelines Budget

Thirty eight (58%) had no stated guidelines or philosophy, seventeen (26%) had some guidelines and ten programs (15%) did not respond.

Programs having a budget available for recreation totaled nineteen (29%) while those having no available budget were forty three (66%). Only three programs (5%) of responding sites had a budget figure.

Summary

Most of the responding sites were Academic or pre-academic settings with primary staff being teachers or teacher aides. More than half (69%) of the responding programs had an "organized recreation program" and those with a program used teachers or teacher aides as staff for the program. Only four (4) staff were recognized as being recreation specialist (therapeutic).

Three fourths (72%) of the programs received Federal assistance and over one half (62%) had State Education funds. Money available for recreation programs for deaf-blind was reported in less than one third (29%) of the programs while over half (61%) had no budget available for recreation.

The recreation specialist has not had an impact on services to deaf-blind at this point in programming. There is a need for development in program materials and personnel dedicated to recreation and recreation services for the deaf-blind

One of the basic questions confronting the person wishing to provide recreation service for deaf-blind is what are the limitations that will be encountered by the varying levels of impairment. What range of recreation participation is possible? Obviously, this person who is deaf-blind will be restricted from many activities just as he or she is restricted in education, employment, community settlement, etc. However, the "non-graded" characters of recreation does, in fact, open up many areas of activity.

With forty three (43) programs reporting an organized recreation program (staffed-funded) the following information shows some of the specific program areas, equipment, and materials that these reporting programs use. This information can be used for additional ideas to expand these aspects of program development and will vary with both numbers and ages of persons in the programs.

Specific Program Activities

The following table shows the specific physical education, exercise, program activity or recreation activity as reported by those sites having a recreation program.

Physical Education - Exercise - Recreation Activities

Activities that could be considered physical education, exercise or recreational activities.

N = 43		
%	No.	Activity
100	43	Gross motor activity
100	43	Fine motor activity
79	34	Co-activie motor activity
100	43	Walking
93	40	Running
58	25	Skipping
49	21	Galloping
79	34	Scooting
74	32	Hopping
91	39	Jumping
26	11	Relays
23	10	Competitive games
79	34	Swimming
14	6	Diving
63	27	Bus trips
60	26	Car trips
42	18	Camping
21	9	Day Camp
21	9	Over-night
23	10	Boat rides
5	2	Pontoon rides
33	14	Sledding
16	7	Ice skating
21	9	Bowling
79	34	Picnics
12	5	Skiing
21	9	Hiking
33	14	Riding bicycles
81	35	Riding tricycles
26	11	Others

Specific equipment needs vary from program to program but the following show response to the availability of certain items in the programs reporting having a recreation program.

Equipment Used in Program Activities

N = 43

%	No.	Activity
100	43	Balance beam
53	23	Walkers
58	25	Benches
84	36	Slide
77	33	Maze (to walk or crawl)
67	29	Lights
81	35	Mirrors
100	43	Mats
91	39	Wagon
44	19	Bicycle
28	12	Pronation Board
49	21	Standing Table (box)

N = 43

%	No.	Activity
84	36	Set of steps
21	9	Tandem bicycle
95	41	Sounds
91	39	Colors
65	28	Trampoline
100	43	Balls
93	40	Tricycle
14	6	Tandem bicycle
67	29	Sand box filled with sand
28	12	Styro foam pieces
23	10	Other materials

Other materials used include: rice, leaves, sawdust, beans, shaving cream, corn starch, foam, macroni, cereal, jello, mud, tires, bird seed, ladders, light machines, barrels, beeper balls, walkers and stationary bicycle.

Table games reported as used by those programs having a recreation program include:

N = 43

%	No.	Activity
5	2	Checkers
12	5	Dominoes
2	1	Chess
2	1	Chinese checkers
16	7	Cards
9	4	Scrabble

Other games used include: Candyland, Hi Ho Cherry O, Raggedy Ann, Happy Little Train Game, sorting board, peg borad, tactile toys, Lotto, puzzles, blocks, flowers, Tiddly Winks, Bingo, ring sets, Uncle Wiggly, Matching Game.

Modified or Adaped games include:

Concentration (teacher made)
Cards
Tingo
Checkers
Dominoes

In the area of Arts, Crafts and Handiwork the following materials and activities are used by those programs reporting a recreation program.

Handwork and Crafts

N = 43 %	No.	Activity
93	40	Peg boards
91	39	Ring stacking
100	43	Bead stringing
95	41	Puzzles
37	16	Paper flowers
91	39	Painting
42	18	Printing
86	37	Cutting with scissors
84	36	Pasting
12	5	Leathercraft

N = 43 %	No.	Activity
95	41	Clay modeling
2	1	Knitting
2	1	Crocheting
30	13	Weaving
100	43	Finger painting
63	27	Water colors
5	2	Oil painting
93	40	Crayons
81	35	Coloring
77	33	Pencils
56	24	Writing

Other materials reported used include: play dough, paper mache, plastic sculpture, collage and pre-vocational wood crafts.

Supplies used or available in the Arts and Crafts programs include:

N = 43 %	No.	Activity
100	43	Paper
93	40	Construction
91	39	Newsprint
98	42	Crayons
100	43	Scissors
74	32	Individual
49	21	Two-person
100	43	Finger paint
88	38	Beans
79	34	Rice
74	32	Oatmeal
47	20	Others

Other materials reported include: clay, lotion, creams, powders, bubbles, peanut butter, popcorn, sand, soap flakes, liquid starch, coffee grounds and shells.

Materials and supplies also available, include balls, blocks, for stacking, original light box, florescent materials, rope, toys, special clothing, laminating machine, large typewriter, movie camera & projectors, carousel, and braille Writers.

Literary - Passive activities and equipment used by the reporting recreation programs include:

Literary - Passive Activity

- 35% - 15 - Reading
  - 40% - 17 - Visually
  - 33% - 14 - Braille
- 95% - 41 - Listening to music
  - 74% - 32 - Ear phones
- 40% - 17 - Watching movies
- 42% - 18 - Watching T.V.

Program areas in Swimming reported by sites show the following information:

- 40% - 17 - Formal lessons
  - 5% - 2 - Daily
  - 16% - 7 - weekly
  - 26% -11 - As available
- 40% - 17 - Free swim
  - 5% - 2 - Daily
  - 19% - 8 - Weekly
  - 19% - 8 - As available

Swim temperatures reported used range from 69° to 100°, with an average temperature of 83.8° as water temperature used.

Temperatures recommended range from 70° to 98° with an average recommended temperature of 83°.

Seven (7) swim programs include Parents/Guardians and twelve (12) do not.

Additional equipment used includes: life jackets, inner tubes, balls, floating toys, rubber tubes and floats, paddle boards, water wings, refts, slides, inflatable limb supports, underwater exercise table.

Rhythm Program equipment reported includes the following items:

Rhythm Program Equipment

N = 43

%	No.	Activity
91	39	Blocks
98	42	Bells
91	39	Cymbal
98	42	Drum
58	25	Piano
100	43	Records
63	27	Speakers (vibration)

Current Status of Deaf-Blind Programs in California
by
Dr. Gene A. Hayes

A. A report from Mr. Paul Starkovich indicating the number of Deaf-Blind persons in the Southwest Regional Programs.

Age	Classification	Number
0-2	Home	19
3-5	Pre-School	556
6-9	School Age	619
10-12	School Age	251
13-18	Pre-Vocational	34
19	Adult	15
	TOTAL	1494

B. From various sources we are receiving rough estimates that there are about 700 in the California Programs.

A report from Mr. Carl Kirchner, Consultant for Education Programs for Deaf-Blind and Multi-Handicapped, Department of Education, Los Angeles, California.

1. The greatest need is to identify exactly what is recreation for the Deaf-Blind and Multi-Handicapped.

2. Most people (professionals included) are missing the boat as many think that vision and mobility are the major problem. BUT the major disability is the impaired hearing which grossly effects or eliminates speech and communication.

3. A big advantage that California (and Texas) has is that they are getting their Deaf-Blind and Multi-Handicapped into state funded programs and not relying on federal funds as much as some other areas.

    (a) some projector directors are asking "what's going to happen when the Federal money runs out."

Enrollment

Special Day Classes and Schools	Deaf	Severely HoH	Total	Number of Teachers
Southern	1826	1213	3039	291
Northern	1110	624	1734	514½
Total	2936	1837	4773	805½

California Schools for the Deaf

Berkeley	385	15	400	91
Riverside	487	20	507	113
Total	872	35	907	204

In the 1973-74 school year, there are 250 classes for children who are multi-handicapped operated by 72 Local educational agencies. The distribution of classes is

	Deaf-Blind	Other Multi-Handicapped	Total
Southern California	33	115	148
Northern California	23	79	102
	56	194	250

It is mandated that class allotments will increase by 50 per year until a total of 400 classes are in operation. Applications for renewal and/or new classes are sent out in January each year. All classes must be authorized by the California State Department of Education.

Class Allotment Priorities

(1) Minors who are deaf-blind
(2) Minors not in any program
(3) Minors enrolled in private schools (California Code 6870)
(4) Minors in Development Centers with unrelated handicapping conditions who show potential for "academic" growth
(5) Experimental classes
(6) Minors who are in a program which is not suitable to their maximum developmental growth.

Definition:

The working* definition used to identify the child who is multi-handicapped for placement in the program is as follows:

(*The working definition because the Master Plan for Special Education is concerned with the problem of educating children with multiple handicaps)

(1) Deaf-Blind - A minor is deaf-blind if he comes within either of the following descriptions:
  A. His hearing acuity conforms with Section 3600 (a), (b) or (c) of Title 5, California Administrative Code, and his visual acuity conforms with Section 3600 (d) or (e) of Title 5-CAC.
  B. His hearing and visual problems compound in a manner requiring placement in a class for deaf-blind minors.

(2) Other than Deaf-Blind - A multihandicapped minor is a minor who has two or more major unrelated handicapping conditions resulting in an undetermined mental potential; who requires significantly different educational placement in order to achieve his educational potential.

Master Plan for Special Education for the State of California

Several changes are forecasted for Special Education in the State of California as reflected in the forthcoming Master Plan. For example

1. There will be only one definition of a child who qualifies for Special Education - simply stated (an individual with an exception need" (for reporting purposes and not programming).
   A. Communicative Disorders
      (1) Deaf and Hard of Hearing
      (2) Deaf-Blind
      (3) Aphasic
      (4) Speech Problems

   B. Physically Handicapped
      (1) Orthopedic
      (2) Vision

   C. Learning Disabilities
      (1) Educationally Handicapped
      (2) Mild Emotionally Disturbed
      (3) Educationally Mentally Retarded

   D. Severely Handicapped
      (1) Trainable Mentally Retarded
      (2) Autistic
      (3) Developmental Center Students

Report from Mrs. Sandra Meyer, John Tracey Clinic

1. They only have four Deaf-Blind students, ages 4-6 years
   (a) all in school facility at Fullerton and not Los Angeles
2. They utilize a Los Angeles Remedial Physical Education teacher to help develop programs for students.
3. She knows of no one so designated as a recreation leader or recreation therapist for the Deaf-Blind.
4. She uses a lot of: rolling, tumbling, running, crawling, using open space, uses parachute, suspend things from ceiling; porta-pit equipment.
5. For kids with vistibular problems they will place yellow tape on balance beam or stairs.
6. Purposes: (a) to learn general use of the body and what they can do with it (b) to build self confidence and self-image
7. Have published a large comprehensive "Parents Guide" correspondence course book.

Report from Mrs. Jeanne Huffman, Program Assistant, Camarrillo State Hospital

1. Numbers of Deaf-Blind in State Hospital Facilities as of January 1, 1974 (under the age of 21 diagnosed as Deaf-Blind)

Agnew	9	
Camarrillo	2	
Napa	1	
Fairview	54	+ 50 or more
Pacific	42	+ 50 or more
Porterville	42	+ 50 or more
Sonoma	41	
	191	

2. Camarrillo State Hospital is beginning to set up their Deaf-Blind program with Mrs. Huffman involved quite heavily.

Report from A.F. Kent School Annex, San Anselno, California, Marin County, Mrs. Debbie Beamer

1. Has class of 3 Deaf-Blind children; has 1 teacher aide and 1 student teacher
2. Use total communication to encourage speech which one child has more than others
3. Students are totally involved in all lessons i.e. dailly living skills learning about cooking - hot, cold, manners, proper behavior
4. Rely quite heavily on music, rhythms, games and other play and recreation
5. Use Hap Palmer Records
    - Perceptual Motor Rhythm Games
    - Free Play
    - Group Activities
    - Remedial Physical Education Teacher, 2 a week
6. Stress:
    (a) Body I.D.
    (b) Directionality
    (c) Sensory motor
    (d) Socialization
    (e) Gross motor
    (f) Coordination
    (g) Balance
    (h) Working together
7. Had not heard of ATC on what they could do

Report from Mrs. Evelyn Greenleaf, Project Director, Deaf-Blind Program, California School for Blind

1. Only school mandated to take Deaf-Blind - the schools for the Deaf cannot
2. They have 36 Deaf-Blind students and have a 1 to 3 student teacher ratio
3. Have one lady working as a Recreation leader for the School for the Blind and she incorporates the Deaf-Blind into the on-going program
4. A majority of the students have residual vision and hearing and some with available speech.
5. We have 5 in Boy Scout Troop.
   They do alot of weekend camping and field trips.
   They rely heavily on music, rhythm and dance as a major part of the program.

Report from Mr. Mike Gaddy, Project Direct. Deaf-Blind Program, Pacific State Hospital

1. The project has been operating since January, 1974; now have 5 project staff, 2 teaching assistants, 2 student assistants and 2 technicians.
2. The project now serves 14 deaf-blind students ages 6 through 18.
3. Students must be legally classified as blind and deaf to be admitted.
4. There is one Rehabilitation Therapist who volunteers her services to the residents of the Deaf-Blind Project.
5. Typical activities for the Deaf-Blind residents include activities in the gym i.e. running, circle games, attending a rustic camp, arts & crafts, socialization, special olympics.
6. The Rehabilitation Therapist has devised a Running Cable to teach the Deaf-Blind students gross motor movement through running.
7. The Rehabilitation Therapist, Ms. Roberta Stephens, Recreation Therapist includes the Deaf-Blind residents in swimming, music, running games and trips to the community.
8. The Rehabilitation Therapist has a strong background in music, dance and rhythm.
9. Strong verbal support for the inclusion of recreation as a necessary part of the program for the children.

Other programs for Deaf-Blind that have been visited for the purposes of the University of Iowa includes:

1. Sonoma State Hospital
   Mr. Jerry Fields, Project Director
   Mrs. Dorothy Bisch, Rehabilitation Therapist OTR
   a) There are 40 residents in the Deaf-Blind project.
   b) Activities include:
      1) Camping
      2) Folk Dance
      3) Special Olympics
      4) Running
      5) Rhythms

2. Fairview State Hospital
   Ms. Lilian Miklanones, Director
   Mr. Miller, Assistant Director
   a) We have 54 Deaf-Blind residents but only those under 21 are mostly in the program.
   b) We have established a 7 stations circuit training program.
   c) Ms. Bobbi Hoffman is Rehabilitation Therapist, and is working with the project.

East San Gabriel School for Multi-handicapped Children, Glendora, California
Mr. Don Welch, Principal
Mr. Bob Howell, Program Diector

1) There are approximately 54 multi-handicapped students.
2) The number of children classified as deaf-blind varies.
3) The professional staff of teachers, physical therapist and remedial physical education teacher attempt to coordinate all programs, academic therapy and play & recreation.
4) The program focuses on academic, language, motor, perceptual socialization.

Rehabilitation in the Soviet Union

by

Gerald L. Hitzhusen

Recently, Dr. Ethel C. Scott and myself had the opportunity to meet with the Deputy Minister of Health in the USSR, Dr. Burgasov, in Moscow and discuss the rehabilitation system in the Soviet Union, including the deaf-blind, which according to Dr. Burgasov, represent a very small percentage of the population. There is one center for the blind and deaf outside of Moscow about thirty miles called the Zagorsky Institute or Hospital for the Blind and Deaf, which we were not permitted to visit, as this takes special permission from the State and must be set up several months in advance.

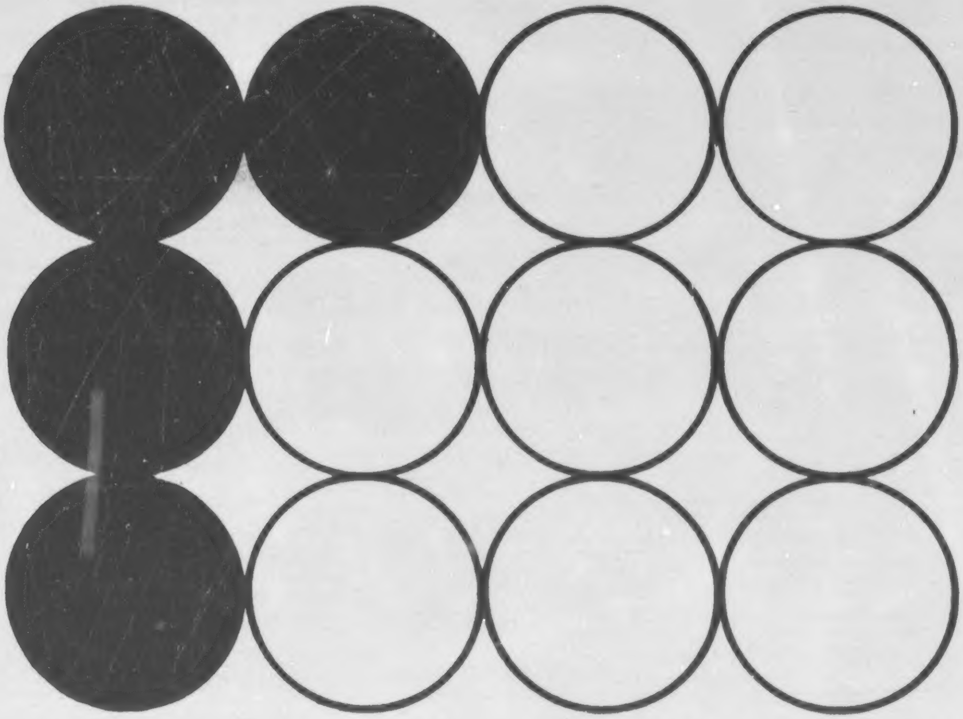
During our hour-and-a-half interview via an interpreter, we discovered that the health care delivery system in the Soviet Union was centered around the idea of rehabilitating people to get them back into the work system and productivity, as there seems to be an acute labor shortage throughout the Soviety Union. The handicapped have "special" schools and hospitals, and although we did not have the opportunity to visit these places, the feeling came through that their rehabilitation system for the handicapped probably resembles the system the United States had in the 1930's and 1940's.

Health resorts were popular and the use of spa therapy utilizing heat and mineral water, along with electrical therapy were also very much in evidence. Physical therapy played a larger role than physical education or therapeutic recreation in their rehabilitation, as they did not have the auxiliary staff in their health care system, such as therapeutic recreation specialists, occupational therapists, and therapists, etc., and it was up to the physician to know about the leisure and recreation or sports interests of the patients and what was therapeutic for him or her.

The handicapped were not in evidence in any numbers in the cities of Moscow, Tallinn and Leningrad, but we did observe several blind persons and the reactions by the Soviet people. In one instance in Gum, the largest department store in Moscow, a blind man was shopping with his wife in a crowded area and no particular attention was given to him. We did not see any handicapped persons out on their own in any of the cities, although I did see one young man in Leningrad in a wheelchair, vintage early 1900's, sight-seeing with another young man pushing him in his wheelchair. Also in visiting several schools we did not observe any handicapped youth in the school system and were told they were in special schools.

In conclusion, it appears that the functional and necessary health systems are given priority over rehabilitation for the blind, deaf, and other handicapping conditions in the Soviet Union and the same goes for technological advances relating to hearing aids, correctional glasses, wheelchairs, play equipment. Opportunities for recreation and physical education also appear to be very minimal.

CHAPTER IV. PROGRAM



This Chapter is designed to provide the reader with information pertinent to the design or planning of the overall recreation program. Herein, we define "recreation program" as all those activities and services that are needed to provide participants with recreation opportunities. The Chapter starts with general concepts and principles, presents those specific papers that were presented at the National Institute and then offers a selection of program descriptions that are representative of the range of programs that are offered across the country. These program descriptions were submitted voluntarily by the individual agencies and authors. We express our gratitude for these contributions.

Concepts and Definitions in Recreation Programming
by
Project Staff

Definitions

The following definitions may be used by persons working in recreation for the person who is deaf-blind.

Recreation Activities

Recreation is generally associated with arts and crafts; cultural activities; dance; drama; entertainment; hobbies; mental and literary activities; music; nature activities; social activities; special events; sports, games and athletics; tourism; and voluntary services.

The following are definitions of recreation activities:

Arts and crafts: Activities which provide a creative outlet and expression, usually manual, such as drawing, modeling, painting, sculpting, sewing, photography, weaving and woodworking.

Cultural: Activities such as arts and crafts, dance, drama, special events and sports that have special historical, ethnological of social significance for the participant such as holiday ceremonies, pageants, nation celebrations. Cultural activities are often described as custom, tradition or folklore.

Dance: Activities which provide for rhythmic expression through patterned movements such as folk, social, modern and classical dance.

Drama: Activities which provide opportunity for creative expression through storytelling, skits, plays, pageants and shows.

Entertainment: Activities of a passive nature which engage the attention in a satisfying manner such as television and radio or as a spectator at theater, sports events, etc.

Hobbies: Activities carried on during leisure which are characterized by the participant's interest over a long period of time such as collecting antiques, coins and stamps or cooking, gardening and home mechanics.

Mental and literary: Activities which provide intellectual outlet and creative expression such as reading, discussion groups, card games, public speaking, gameboard activities and writing.

Music: Activities providing expression through rhythm and melody such as listening to or participating in glee clubs, bands and concerts.

Nature: Activities that involve being in, using, or interpreting the natural environment such as camping, hiking and nature study.

Social: Activities engaged in primarily for the satisfaction derived from the social experience such as parties, picnics, banquets and club meetings.

Special events: Organized activities that require special planning such as celebration of special days and holidays, festivals and fairs.

Sports, games and athletics: Activities involving gross physical movement such as low-organized, informal *games*, e.g., tag and relays; individual, dual and team *sports* usually requiring facilities and equipment, e.g., fishing, horseshoes and volleyball; and organized *athletics* which require special preparation, conditioning, etc., e.g., track and field meets, synchronized swimming.

Tourism: Activities characterized by travel away from one's home without remuneration such as outings and hosteling to sites of historical, cultural and natural interest.

Voluntary Service: Activities that are inherently satisfying such as board member, group leader, team coach or instructor, performed voluntarily without remuneration for the benefit of the community.

Recreation Service: Organized help, aid or assistance which provides individuals with the opportunity to have the experience known as recreation. Generally, local recreation service is characterized by the provision of financing, personnel and leadership, equipment, facilities, supplies and the organization of activities. The *recreation program* is the combined result.

Recreation service provided by community agencies encompasses planning to achieve societal goals such as citizenship, personal growth, physical and mental health and social training.

Basic Concepts in Recreation Programming
by
Fred Humphrey, Chairman

Truth is direction--we must outline the direction and establish guideposts.

Assimilation versus accommodation--Piaget. The Process versus the task. We are working with people. We are concerned with two types of experience: 1) Assimilative Experience--play the game according to me. 2) Accommodative Experience--play the game according to Hoyle. No experience is totally assimilative or accommodative. If an experience becomes 51% or more assimilative, then it is recreation or play. If an experience becomes 51% or more accommodative then it is work.

The more impaired the individual, the more work is involved in a rehabilitative process. We must then evaluate to what extent the activity is assimilative or accommodative.

We must permit the deaf-blind individual to respond to what he or she feels; to allow for creativity by the deaf-blind. Often we need time rather than help. This is assimilative, for it allows time for individual experience.

As we look at program development let us be careful that it doesn't become totally accommodative. No matter how necessary rehabilitation is, person who is deaf-blind needs assimilation.

The approach to deaf-blind is little different than the approach to any other disability. The same elements are needed - interaction, care, leadership approaches.

Only those recreation leaders who have retained capacity to enjoy their own true leisure can effectively work with the deaf-blind, geriatric, or other disability groups.

A General Guide for Interrelating Administration, Program and Activity
by
Project Staff

Administration and Organization

- -Organization
- -Supervision of personnel
- -Services: transportation
  - rentals
  - etc.
- -Purchase of services/contracts
- -Personnel
- -Facilities/equipment, areas
- -Records and reports
- -Training, inservice
- -Evaluation of administration
- -Budgeting
- -Agency cooperation and collaboration

Program

(functional age level)

- -Goals/expected outcomes
  - *agency
  - *recreation
- -Characteristics of the group, age, background, etc.
- -Evaluation of program
- -Specific content
  - I. Daily Calendar
    - A. Five day sequence
    - B. Weekend sequence
    - C. Balanced Program Consideration
      - -Physical
      - -Creative
      - -Social
    - D. Deaf-Blind Considerations
      - -Communication
      - -Self-help
      - -Sensory
      - Mobility

Activity Leadership

(related to individual and group level of function at age levels)

- -Goals/expected outcomes
  - *agency
  - *recreation program
  - *activity
- -Relationship of specific activity to group and individuals
- -Evluation of outcome
- -Specific techniques
  - *Equipment (adaptation)
  - *Formation (adaptation)
  - *Action of activity (adaptation)
  - *Leadership suggestions
  - *Object of activity (adaptation)
  - *Specific guidance (duration, frequency, etc.

Implications for Planning Recreation Programs for Deaf-Blind Children, Youth and Adults

(and Notes on a General Framework for Design of Programs)

by

Carole J. Hanson

Educational and care programs that have been developed for services to the deaf-blind child we find to be comparably recent projects in many locales. Educational settings have been established as a result of federal law, making financial assistance available to sponsoring agenices.

Preceding the development of programs both within the community and within structured institutional settings, the deaf-blind child was accommodated in his/her home, in a foster home or in an institution. Intentional and unavoidable social and physical deprivation and isolation of the deaf-blind child existed.

The procedure for education of the deaf-blind child has begun. Evaluation of the person is a lengthy and most often difficult task. Each person is an individual and thus must be evaluated in a precisely individual way. We must concentrate on reaching the fullest use of the residual ability that exists within the deaf-blind child, whether it be visual, auditory or both to the same limited degrees.

In recognizing some generalities about deaf-blind children, we know that communication with the child is very limited and in most cases is non-existent. Because of this we see no interaction among peers and little interaction between children and adults. Because of the lack of interaction with other people, the deaf-blind child, during his/her lifetime has become dependent on self-stimulation for personal gratification.

"In order to mature - physically, intellectually, emotionally, and socially, a child must be exposed to appropriate stimuli."[1]

In this case we suggest appropriate stimuli to be activities, recreation activities for physical, cognitive, affective and social development.

Learning and intellectual development begins immediately with the infant who can see and hear. This development is delayed in the deaf-blind child because communication with his/her environment is limited to non-existent.

Learning takes place through communication - imitation from sight and sound. The deaf-blind child has an extremely limited or no resource for communication, because a varying amount of vision and hearing is absent. Thus, the development of a system of communication with the deaf-blind person is the initial task to be carried out. Communication must be a tactile sensation rather than an audio or visual sensation.

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[1] Richard Kraus. Therapeutic Recreation Service, Principles and Practices. W. B. Saunders, Philadelphia, 1973, p. 3.

We recognize that equipment and activities used for teaching a deaf-blind child in the educational setting are equipment and activities that we would call recreational in a different setting. Can we draw a definitive line between education and recreation? No, Education uses Recreation as a vehicle to accomplish goals and objectives in a meaningful way. Similarly, the recreation specialist uses recreation as a means to an end and not only an end in itself.

Before learning can be achieved in pre-academic work, learning must be developed relative to self, movement of limbs, and body. Learning must be developed relative to space, movement in a spatial context.

Abilities and awarenesses that can and should be cultivated are tactile awareness, spatial awareness, gross motor development, fine motor development, locomotion, balance, and perceptual motor skill. Many objects and pieces of equipment are intended to be highly tactile. These include the trampoline, balance beam, and ladder and slide combination which are for spatial movement and gross motor development. Adaptation and modification of equipment may be necessary in situations to make it useable for the deaf-blind person. (However, this adaptation is anticipated when necessary, but need not be initiated before it is necessarily visible).

Generic children's games are difficult because the "group" feeling has not developed with deaf-blind children due to limited communication. Competition is a feeling that also must be learned and is not present as we know it in games.

Representational play is absent. By representational, I mean pretending, imitating, almost to pantomime, i.e., four children seated as in a car, driving with the steering wheel. Where communication and perception is lacking, imagination or interaction will be improved.

A specific area of planned program highly praised by those working in programs for deaf-blind is that of aquatics. Spatial and movement consciousness can be developed in water, perhaps in a more comfortable, safer way than out of water.

Because of the lack of social interaction, the ratio of people in working with the deaf-blind child is most comfortable at 1:1. Children begin to function in parallel activities, perhaps unaware that they are doing so.

Obviously the deaf-blind child will learn from doing, not as easily from being told or shown what to do. Learning comes through the tactile sensation. Precise repetition in order of activities is of utmost importance in teaching activity to the deaf-blind child. The child learns from memory, not from imitation.

We, as recreation professionals, are aware that programs that now exist have used "physical/recreational activities" as a means to an end in accomplishing goals. We are aware also that the persons working with these programs are educators, physical therapists, physicians, social workers and many others. It behooves us as professionals in recreation to implement therapeutic recreation service and become part of the team in service to deaf-blind children, youth and adults.

"Basically, the aim of therapeutic recreation, like that of overall rehabilitation process is to help the ill, disabled, aged or retarded, (or deaf-blind) individual help himself to live the fullest physical, mental, social, psychological and economic life possible, as an individual and as part of a family or community that is possible within the limits of his illness or disability."[2]

Education in recreation and ultimately positive use of leisure time is not just for a short ime, it is for a lifetime. With deaf-blind children, youth and adults, we develop with them their strongest abilities. We adapt procedures and situations when necessary to compensate for their handicap, but strive to overcome the handicap, not to bow to it.

"Indeed, it is the task of therapeutic recreation service, along with other rehabilitation services to minimize the functional limitations of those it serves."[3]

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[2] Ibid.

[3] Ibid., p. 2

A General Framework
for
Design of Recreation Programs

Notes

"A basketball court is not a recreation program; a teen center is not a program either. A program is not a thing; it is a plan of action. It is something designed and purposeful, organized and supervised." (Nesbitt, Brown and Murphy, Recreation & Leisure Service for the Disadvantaged. p. 369)

I. Definition of program
  A. activities specifically structured, & planned - with direct leadership
  B. opportunities for self-directed
     self-chosen
     self-planned
  C. consultation, cooperation
     - education of the consumer

II. Construction of program
  A. goals & objectives
    1. of the organization
    2. of the recreation program
    3. of the individual participant
  B. individual - variety of terms: participant
     client
     patient
    1. who is the person? (or the people) we are planning for? (In this case the deaf-blind person.)
    2. sex, age, skill level, ability level, interest, restricting circumstances
    3. needs of persons
  C. areas and facilities
    1. setting
       - school
       - residential
       - home
       - in community
    2. indoor facilities for recreation available
       - buildings and centers
       - specific rooms
       - gymnasium
       - recreation rooms
       - lounges
    3. outdoor recreation facilities
       - pools
       - playscapes, playgrounds
       - nature areas
    4. special recreation facilities
       - special "learners" pool
       - special "recreation environment"

D. equipment & supplies
E. program areas
  - sports & games
  - aquatics
  - dance
  - music
  - drama
  - arts & crafts
  - outdoor recreation
  - social
  - literary
F. form of program
  - competitive
  - class
  - club
  - drop in
  - outreach
  - for group of persons or individual
  - learn social interaction
  - learn competition
  - learn fun, enjoyment
G. length of the program
  - number of hours per day
  - number of times per week
  - number of weeks
  - seasonal changes
H. cost: leadership
  materials
  equipment
  facility
I. leadership
  - who is available?
  - who do you need?
J. administration
  - support
  - cooperation
K. promotion
L. evaluation
  - goal accomplishment
  - attendance
  - skill development

III. General Comments
  A. These considerations not necessarily in rank order
  B. Applicable in all program planning

Paraphrase:

Many responsibilities and necessities dictate work and planning that must be done in educating and training the deaf-bling individual and individuals. Administering budgets, manipulating pressure groups, putting aside space, planning for the future are certainly important. They are necessary functions, but what about program: those magic moments of joyous participation that erupt when individuals and the available resources have been stirred together just right.

Section B - Working Papers from the Institute

Residential School Programs
by
Mary Thompson

State institutions are usually the "eye openners" of the negative aspects of residential programs. When you add "for the Mentally Retarded" all these feelings are intensified. I'm sure you've heard all the "problems" that come with large numbers of people living together but consider what could be done in a "controlled total living agency."

Our Deaf-Blind children need stimulation every waking hour. If we do not give them these opportunities they find their own way to experience their environment. (Flicking, spinning, masturbating, head banging, etc.) All of these have some type of stimulation reward in sensory, emotional or just plain attention getting.

This leads us to our first consideration of programming.

By careful screening we can have professionals and para-professionals not only providing stimulation to these children 24 hours a day but providing experiences with a behavial objective in mind, using each child's precious time for emotional, physical, and mental growth and development.

Why not provide this in the home? Be realistic, it's a job that can easily be provided by people who work 8 hrs. go home and relax being free of commitment. And we, as these 8 hrs. "parents", say "it's easy". I want to stress the fact that unless you have experienced the physical and mental stress, 24 hrs. a day, do not judge parents.

Even our most patient skilled parents need a rest. They need a place to say "Please take and love my child while I go on R&R".

We need to group the children into their functional levels mental emotional and physical. This will not only allow for more specialized staff but also cut down on bazaar behaviors that are passed around through imitation. Also it will eliminate the fear envoking situations caused by sighted abusive children harming our Deaf-Blind children. Take away the fear in the living area to encourage security and freedom in the environment.

We need more communication between facilities within the agency. We are all working for the Deaf-Blind;why not pull together those who deal directly with these children and set goals together. Use each other's specialties to strengthen your program as well as the total program for our children.

We need to reach out to our support professionals, put our pride in our back pockets and say "Help, we don't have all the answers." You'd be surprised at what suggestions a P.T., O.T., audiologist, Doctor, or Adaptive Physical Educators can give to strengthen your program and expand your knowledge.

To summarize these four points I can say, "We need to put away our titles, our fears to step on toes as well as our hard toed defenses and realize we are in this together and the only thing that really matters is the Deaf-Blind Individual we serve.

After The Magic Hour (Weekend and Evening Programs)

by

Jan Thomas

Do you remember Fridays at 3:00 o'clock. It's the last period of the day and even the teacher is beginning to wilt. The count down begins ...10 - 9 - 8 - 7 - "and now class, your assignment for the weekend" - saved by the bell! You fight your way out the door and to your locker. Free at last! You've planned so many things that you just can't wait to start doing them all. A whole glorious weekend has just begun!

If you didn't know how to enjoy recreational activities, weekends would lose much of their excitement. Many multi-handicapped children do not know how to play constructively. Initially, they have no options but to sit and rock or "flick" because they do not know what recreation is all about. Because of his double sensory deprivations the deaf-blind child is trapped within himself; oblivious to the world around him. People and objects exist only for one purpose; self-stimulatory activities.

It is our responsibility to teach such children how to play. We must help the deaf-blind child discover himself. Once he realizes he has two arms and legs and two hands that can hold, turn, twist and throw he begins to discover his environment; a world for play. Then in turn, as the child explores his environment he learns more about himself. By moving through an obstacle course the child finds he can crawl under a table, walk around a hula hoop, crawl through a barrel, climb on and over the horse. He discovers how he can move; the size of his body; that he can not hide in a shoe box. At the same time, he is learning to play.

A structured recreational program is necessary to help the child develop this self-awareness and object concept. Before he is capable of directing his own leisure activities, the multi-handicapped child must also acquire some basic motoric abilities. The student's after - school and weekend hours should be programmed with activities designed specifically to improve motor abilities and encourage environmental exploration. The child may not enjoy all of the activities at first because of a fear of the unknown. It is very secure to stay within yourself so the deaf-blind child may find new experiences which involve a change in routine quite terrifying. Once this initial fear subsides, however, and as the child's skill increases, some of the activities taught during the organized recreation periods will become his "favorites" and he will want to engage in them during his "free" time.

At the Colorado School for the Deaf and Blind we have set up a program of recreational curcuits. A curcuit may be defined as several different activities performed in separate designated areas for a specific time. Directions are posted at each station so the after school aides know just what to do. We do not have access to a gymnasium very often so classroom, hallway and even dormitory space is utilized. The time spent at each station would depend upon the size of the groups and the type of activities incorporated in the curcuit. The number of curcuits possible is limited only by one's imagination.

Because of their auditory and visual deficits, it is often necessary to include rather unusual activities in a recreation program for deaf-blind children. Pudding painting, body painting, shaving cream, squirt gun and water balloon fights would not normally be included in a recreation program. "Normal" children do participate in these kinds of activities, however, whether mother knows it or not! The institutionalized child should not be deprived of such experiences; especially when the tactile system is one of the prime sensory modes.

Residential students often miss out on simple "home life" activities as well. They must be given the opportunity to wash a car or dog, make a cake or just fly a kite. Again, these activities may not be considered transitional recreation activities, but they need to be incorporated into a program for deaf-blind children. Outings are very much a part of American family life and so they are also included in our program at Colorado. We go on picnics, hikes, roller skating, trampolining, to the zoo, circus and amusement park.

In conclusion, I'd like to reiterate the importance of structuring the multi-handicapped child's after school hours. It is our duty to teach the deaf-blind child how to play; to give him constructive leisure-time options. Initially, John may not like learning how to do a head stand. One day, however, he'll discover it's kind of fun and you'll find him stopping to do a head stand on the way to lunch. You've taught him how to enjoy himself. You've given him a little bit of happiness and received a lot yourself.

Youth Programs Study Group
Ron Gascko - Leader

Notes

Four Things Important to Remember:

1) Definite sensitivity to students of the population - they are different
    1) sensitive to what you are experiencing
    2) how you are experiencing it
    3) what you can do to enrich it

2) It is an individualized population so use an individualized approach - mostly 1:1.
    1) the program should not be too long - maybe 15 minutes
    2) there should be a lot of repetition

3) Volunteer selectivity, interest, training
    1) spend a lot of time training volunteers
    2) introduce the volunteer gradually to the program
    3) they should receive a lot of information prior to working with the kids

4) Evaluate the benefits of what the program is giving to the child - really giving
    1) remember, you are having to work with a functioning level
    2) there may be no continuity or homogeneity

Program for 13-18 - what is germane to it -
- 1) knowing what kids this age like
- 2) know the biological state of the kid
- 3) in Chicago run a coffee house - bring in friends - create a normal situation - like what activity would be for anyone - socialize on 1:1 with someone else
- 4) development of social awareness and integration with other populations is important
    - a) go to recreation with a population of other kids, other populations support the child
    - b) the more stimulus from external sources the less internal stimulation is needed

They do not possess skills to get along on their own - they need something they can orient themselves to.
- 5) Teaching of knowledge and skills is necessary for youth
  Know how to teach skill development
    - a) know what normal development would be
    - b) teach a way of life

- 6) Promote and overcome something through games

- 7) Have deaf-blind react to each other rather than to the coordinator/leader

8) Stress a lot of togetherness - this is their world - this is where it's at now

9) Be realistic as to what their capabilities are - not what looks good on paper

10) Work with a classroom teacher - have recreation activities fit in with class activities

11) Don't have a 24 hour structured program - the child needs a rest too

12) The child has to trust the volunteer - don't keep changing on them. The kids can tell.

13) Deaf-blindness has built in fears

14) Parents a lot of times are very ill-informed about their children

15) Get to know the parents

16) You have to determine when the deaf-blind should be a residential or a day school student

17) Counseling and outreach programs are important for the whole community

18) In summer, let the parent work with other community organizations.

Section C - A Selection of Program and Program Areas in Recreation and Related Areas for Deaf-Blind

Letchworth Village
Thiells, New York 10984

Letchworth Village is a New York State School for mentally retarded persons. Our residents number over 3,000 and they vary in age from infancy through old age, and in degree of intellectual functioning from borderline normal intelligence to profound retardation.

Residents are served by professional and assistants in the disciplines of audiology, education, medicine, nursing, occupational therapy, physical therapy, psychiatry, psychology, recreation, social service, speech pathology, and vocational rehabilitation. Administratively, the institution is divided into fourteen units, described in the accompanying statement. Our emphasis in training is to develop and maintain skills in independence of all residents and wherever possible, to prepard residents for placement in independent or semi-independent community settings.

Physical Habilitation Unit

The Physical Habilitation Unit serves those in need of intensive physical therapy, as well as adults with chronic physical disability rendering them unable to navigate independently. Our residents' disabilities include cerebral palsy, muscular dystrophy, perceptual dysfunction, blindness, deafness and musculo-skeletal deformities. Many are in wheelchairs. Our residents vary in intellectual ability from borderline normal intelligence to profound retardation.

Program For The Blind

Last spring, the P.H.U. undertook a project to develop a program for blind residents. After consultation with the American Foundation for the Blind and various other agencies serving the blind in this region, we selected eight residents within our unit to participate in a pilot program, conducted on our P.H.U. Ward in the Medical-Surgical Building. Of these eight, four are deaf and blind; one is profoundly retarded, one is severely retarded, and the remainder function in the ranges of moderate retardation to borderline normal intelligence.

The following statements describe the goals, curriculum and other aspects of the program.

Deaf-Blind Residents

Four of the eight residents selected for the program are deaf and blind. They range in age from 45 to 82 years, and each has resided at Letchworth Village for at least 20 years. Three are totally blind, while one has sufficient partial sight to read 2" letters. Three had extensive previous training in the manual alphabet and sign language, and their intellectual functioning is estimated to range from moderate retardation to borderline normal intelligence. The fourth resident is not familiar with any formal language, and his functioning is estimated in the severely retarded range.

Depending on abilities and interests, the deaf-blind have been assigned to most of the programs outlined in the curriculum. This includes the following structured recreation programs: bingo, four residents; cooking class, two residents; crafts (basket weaving, chair caning, chair rushing, knitting and sewing), four residents; communication-socialization sessions (conversing in sign language to the extent of each one's ability), four residents; movies, one (partially sighted) resident. One resident enjoys knitting in her spare time, and another enjoys adapted checkers and other table games. We recently received a stationary bicycle machine which all but one of the deaf-blind residents enjoy. In the area of recreation, the deaf-blind have been excluded only from talking books, as we do not have enough staff nor sufficiently trained staff to interpret lengthy stories in sign language.

In some programs, we have employed specially adapted equipment, such as bowling rails, braille bingo cards and playing cards, and specially adapted checkers and other table games. Most of this equipment was ordered from the American Foundation for the Blind. In addition, we have purchased the following books from the Foundation as guides for certain programs: A Step-By-Step Guide to Personal Management for Blind Persons; The Aging Person Who is Visually Handicapped; and Blindness: What It is, What It Does, and How to Live With It, by Carroll. Generally, our major program adaptations have been simply greater attention from staff, and an effort to use the manual alphabet or sign language as much as possible. On occassion, special policies were devised to maximize consistency of everyday affairs and thereby minimize misunderstandings between deaf-blind residents and staff who have difficulty in using the manual alphabet or sign language.

Some of our staff were previously trained in sign language, through an in-service training program sponsored by Letchworth Village's Department of Speech and Hearing. Early in the program, all staff were provided copies of the manual alphabet of the deaf-blind, and they have been encouraged to use the manual alphabet with the deaf-blind residents as much as possible. At present we are developing a training program to assist those who have had difficulty with this method of communicating.

Unitization

Letchworth Village is totally unitized; the entire resident population was individually reviewed and placed in 14 smaller units with about 250 residents in each with as many homogenous traits as possible, based on similarities in age, disability, and potential for habilitation.

Each unit is headed by a chief of service, a highly qualified professional in his respective field. Of 14 chiefs of service, 7 are physicians (2 psychiatrists, 1 pediatrician, 1 psychiatrist, 2 clinical physicians, 1 internist; 4 R.N.'s, 2 social workers and 1 teacher. The physicians are board certified or board eligible; the non-medical chiefs of services have Master's degrees. The chiefs are assisted by team leaders, non-medical professionals with Master's or eligible for this degree in the fields closely related to mental retardation. A unit team is composed of the following professionals: physicians, R.N.'s, psychologists, social worker, therapists (recreation, occupational and physical), and paraprofessional representatives of ward service. The number of professionals in each unit varies according to the needs. The representative of the Parent's organization is a very important team member.

Units have names indicative of population and programs: Medical/Surgical, Pediatric Unit, Children's Unit, Psychiatric Unit, Physical Habilitation Unit, Preplacement, and Community Service Unit. Other units have optional names like Maples, Walden, Valley, Hill East and West, and Summit. The resident population of these units is composed of adult and geriatric moderatley, severely and profoundly retarded. Only one unit has a geographic name; Middletown Unit, which is located on the grounds of Middletown State Hospital and is composed of residents whose relatives live in Orange or Sullivan Counties, or who originally came from these counties. Resident population in this unit is mostly adult and moderatley and severely retarded.

The programs in all units are geared toward one common goal: to help our residents learn to lead an independent life. Those with lower mental capacity should be intensively trained in the basic skills of independent daily living, those with higher intellectual development should be habilitated to a life of self-support in the community.

In programming and supervision of programs, great emphasis is placed on team approach. Each resident should be reviewed by the unit team at least every 6 months, and the findings recorded. Decision making is executed by all team members including representatives of ward service and the parents' organization.

Residents having a potential for independent living in the community are transferred to the Preplacement Unit for intensive training in this direction. They are then referred to the Community Services Unit for community placement. Residents who have acquired enough skills for sheltered life/the community are also referred to the Community Services Unit for respective placement.

Goals of a Program for Blind Residents

The goals of the program for blind residents are to minimize the handicap of blindness and effect the integration of the blind with sighted persons.

These are to be achieved:

First, by providing training for residents in the program, so that each may develop to the fullest extent of his potential for independence;

Second, by adapting regular programs as necessary to facilitate participating by the blind;

Third, by preparing staff (initially on the P.H.U. Ward and later in cottages of permanent placement) to deal effectively with the problems posed by blindness.

The P.H.U. Ward then will serve as an area for the training of residents and of staff as well.

Outland Multi-Handicapped Center
187[illegible]0 Bucknall Rd.
Saratoga, California 95070

Recreation Therapy Program

It is the intent of the Recreation Therapy Program to compliment the educational and therapeutic endeavors provided for each child within the total framework of Outland Multi-Handicapped Center. The Recreation Therapy Program is structured for the total development of the child - physically, mentally, emotionally, creatively. At the same time, it is designed to strenghten the child's relationship to his spatial and social environment.

To facilitate these goals, the structural design of the program emphasizes two approaches: (1) Recreation Therapy Class (2) Recess Activity Program. The Recreation Therapy classes explore the avenues of movement education and art education which includes drama, art, and music. It provides the skills that enable the child to participate in a variety of activities during recess. The Recess Activity Program reinforces the Recreation Therapy classes by encouraging play activity during the allotted recess times.

Specific objectives of each child within the Recreation Therapy classes include:

(1) Develop gross motor skills
(2) Increase fine motor skills
(3) Establish rhythm skills
(4) Enhance child's ability for socialization
(5) Stimulate creativity and self-esteem
(6) Learn skills that allow for emotional expression
(7) Knowledge and appreciation of recreational activities
(8) Explore through movement the child's spatial environment

Objectives for the Recess Activity Program are for each child to:

(1) Experience pleasure and confidence through play activity
(2) Foster independent play (explore, initiate)
(3) Increase socialization
(4) Develop leadership ability
(5) Encourage decision making by choosing activity for participation
(6) Learn responsibility for the care and usage of equipment
(7) Reinforce skills learned through Recreation Therapy classes
(8) Implement a positive avenue for emotional release
(9) Become oriented to the playground area and indoor facility

Introduction

The existing educational and therapeutic programs for the deaf-blind child at the Richard Outland Multi-Handicapped Center presently serves the needs of fifteen children ranging in age from 3.5 years to 12 years of age, reflecting a variety of ideologies and pathologies. As might be expected, a considerable discrepancy in the relative mobility and general motor ability of these children exists. The majority of these motor dysfunctions, however, can be classified as functional motor retardation, primarily resulting from a lack of motor experience and stimulating environments.

The primary objectives of the recreation therapy department, in reference to the needs of the deaf-blind child, are to provide a variety of gross motor experiences and activities which will function to accelerate the child's motor development, stimulate locomotor competence and facilitate increasing independence. Secondly, objectives are in terms of providing group activitis which will enable the child to understand that socialization provides immediate and continued satisfying experiences in addition to those of his internalized environment. Specific performance objectives in reference to socialization involve self-identification, recognition and response to other children, adults and objects, and some measure of interaction and cooperation with other individuals.

To realistically evaluate the diverse physical and social capacities of the students at the Outland Multi-Handicapped Center, two performance profiles were constructed--first, a low functioning social and motor development performance profile (enc.) designed specifically to evaluate the developmental and motor level of wheel chair bound children or those who functionally can be considered non-ambulatory, and second, a fundamental social-motor skills performance profile (enc.) for children whose mobility is only slightly or not impaired. There are, however, children such as the hemiplegic cerebral palsied child, who may functionally overlap aspects of both performance profiles, but for the most part, the profiles act as pragmatic barometer of a child's physical and social capacities.

The motor ability of the majority of deaf-blind children at the Outland Multi-Handicapped Center generally conforms to the performance criterions found in the second evaluation tool (Social and Motor Skills Performance Profile). The exceptions, which do exist, reflect a variety of pathological conditions whose etiologies range from grossly involved cerebral palsy, to congenital orthopedic deformities, and neurological syndroms resulting from trauma. Based on the information elicited from the evaluative tools, two somewhat homogenous groups of deaf-blind children were established for instructional purposes; referred respectively as D/B_1, high function deaf-blind and D/B_2, marginal or low functioning deaf-blind.

The selection of activities presently utilized in the program range from simple locomotor patterning experiences (i.e., running,

jumping, pushing, etc.) to independent activity on the Lind Climber. Depending upon the group's relative level of motor development and the difficulty of the motor activity, an activity may require from one week to several weeks to be adequatly performed. Each motor task is approached sequentially, beginning with the simplest components, then progressing in a developmental manner until the motor task or activity is performed as a single coordinated unit.
Staffing: The staff at Outland Multi-handicapped Center is exceptional due to its educational background and experience--almost 90% of the Instructional Aides have either a Bachelor or Master Degree. Their experience and training frequently add an extra dimension of creativity in planning and sharing ideas with the recreation program. However, on the other hand, their tolerance is limited when performing activities which are repetitive in nature.

The staff accompany the deaf-blind children to the Recreation Therapy sessions; therefore, the student: teacher ratio never exceeds 1.5:1. This ratio, we find, is extremely conducive to creating a positive learning situation.
Facilities: The Recreation Therapy Program is presently housed in the school's multipurpose building. This structure can be divided into three separate rooms through the use of sliding partitions. Two of the areas are used for activity purposes, and the third for storage and office space. The majority of our classes for the deaf-blind children are held in one of these partitioned rooms--limiting space we find not only eliminates environmental distractions, but facilitates participation and interaction.

The outdoor facilities for the deaf-blind children at the Outland Multi-Handicapped Center include a blacktop area, tan bark area with some outdoor aparatus,and a grass area. This playground is completely fenced and separate from the playground area used by the other children at the school. Immediately adjacent to the school is El Quito Park. It is presently being developed by the City of Saratoga, and will be ready for limited use in the spring. In addition, the deaf-blind program has access to the California Association for Retarded swimming pool bi-monthly. The children under the combined supervision of the C.A.R. swimming staff and the school's personnel participate in the Wedde Handiswimmer Program.
Special Problems and Considerations: Several problems have become apparent in working with the deaf-blind children which require necessary consideration and attention. One element which inhibits their learning is that of environmental distractions. This might include sound, light, objects, large amounts of space, and any form of movement which is contrary to the activity being performed. Our attempt to combat this problem is by limiting the children's space to a bare walled partitioned room. This enables us to control the environmental distractions and focalize the activity.

Coupled with the environmental distractions are the individual's negative self-stimulations. Such behavior as "flicking," twirling, eye poking, head bangin, hand biting, or chewing objects diverts their attention from the appropriate activity or movement. Obviously, negative self-stimulation is quite individualistic, and affects the child's learning within the total framework of the program. The attempt, in the Recreation Therapy Program, is to divert the negative self-stimulation through a positive form of movement--for example, manually manipulating the child within his tolerance to grasp the handle bars when bicycling or use his hands when performing summersaults.

Developing self-motivation within each child results in the need for manipulation. Their toleration for this manipulation is often quite low. Attempts have been made through experimentation to determine different techniques of manipulation other than physically handling the child. One which has proved quite successful is by using flashlights in a darkened room as visual cues. This has been performed primarily in conjunction with locomtor activities as a self-motivating or teaching device. Other techniques used are auditory cues, etible reinforcers, and physical attention. Still a great amount of physical manipulation is necessary until the child develops locomotor or movement patterns.

Socialization was one of the goals stated previously. Often this seems to be an unrealistic goal. Most of the deaf-blind children at the school exist in world of their own with little or no interaction among their peers. They relate adequately with adults, but show little toleration when forced to mingle or play with other children. Again, we try to limit their space and force interaction by using the airflow mattress, water bed, Skill Development's "sociable," mats and apparatus to confine space.

Determining recreational activities that are suitable for the deaf-blind child is challenging. As a first year program, we are subject to trial and error and much experimentation in finding appropriate units. In addition, consideration for individual differences with each child is necessary due to the added disabilities (i.e., cerebral palsy, mental retardation, emotional handicaps). Consequently, we have found it necessary to structure the program for deaf-blind through an individual approach rather than group activity.

Fundamental Social and Motor Skills Performance Profile

Name: ______________________ Age: __________
Class: ______________________ Height: ________
Date: ______________________ Weight: ________

Performance of gross motor skills...	+	-	Comments
Walking			
1. Balances body directly over feet			
2. Maintains an erect posture, spine straight, but not rigid			
3. Swings legs from hip without lateral deviation			
4. Flexes knees enough for feet to clear floor			
5. Push off from toes of trail foot			
6. Heel contacts floor initially, then ball of foot, weight shifts to toes in order to take step			
7. Walks with feet parallel, toes ahead (no pronounced lateral or medial deviation)			
8. Arms coordinate movements of gate--swing freely from shoulder (minimal elbow flexion)			
Running			
9. Touches ground with balls of feet first, not with heels			
10. Body position forward at slight angle from verticle			
11. Knees in moderate flexion			
12. Arms imitate piston motion, flexed, helping to carry body weight forward			
Jumping			
13. Plant foot forward, knee flexed approximately 40^0, motion rocking forward			
14. Position body weight forward toward hands in jump for distance			
15. Carry weight of body taken on both feet toward toes with knees slightly flexed			
16. Use arms as a point equalibrium while the body is in the air			
17. Coordinate the use of all body muscles to achieve power and momentum for the jump			

Performance of gross motor skills...	+	-	Comments
Hopping			
18. Propel the body vertically upward and return down supported by one foot only			
19. Balance the body with arms extended laterally			
20. Balance also with the non-preferred leg			
21. Maintain the supporting foot in a rigid position pointed forward			
22. Use toes of preferred foot for better support on power phase of hop			
Skipping			
23. Step and hop in an uneven rhythm			
24. Raise body off the floor on the hop			
25. Obtain balance and height by raising arms laterally and vertically			
26. Alternate feet to support body weight			
27. Relax ankles and knees as body touches floor			
Hanging			
28. Support body weight by both arms			
29. Grip with back of hands toward body			
30. Hang securely enough to mount an obstacle			
Climbing			
31. Pull body up an apparatus, or over an obstacle			
32. Use hand, bicept, deltoid and shoulder girdle muscles with upper body to lift body weight functionally			
Lifting			
33. Stand near to object, feet perpendicular			
34. Flex knees, lower weight with spine perpendicular before grasping article			

Performance of gross motor skills...	+	-	Comments
35. Lift by placing effort on large muscle groups of leg not abdomin or erector spinae muscles			
Pushing, Pulling			
36. Align body with object			
37. Lower center of gravity by flexing knee			
38. Maintain body alignment with applied force			
39. Place feet perpendicular to object, but staggered			
40. Apply a rhythmic body force to object			
Stopping			
41. Flex knees and drop center of gravity (lower to ground)			
42. Use toes to grip the ground--not "slap" feet			
43. Maintain body weight over feet			
Dodging			
44. Move body weight laterally with knees flexed			
45. Lower weight before shifting in direction of dodge			
46. Maintain balance by manipulating arms appropriately			
Tossing-Throwing			
47. Grip with one or both hands according to size of object			
48. Swing arm(s) down, back, and up as weight and body motion go backward			
49. Straighten arm as fingers release ball and transfer body weight to forward foot			
Catching			
50. Aligns body with ball or object			
51. Moves toward object, not away			
52. Retreats with hands as object is caught and brings it in toward body, relaxes fingers			
53. Catch with thumbs together and palms forward if ball is above waist high.			
54. Catch with little fingers together			

Performance of gross motor skills...	+	-	Comments
Kicking			
55. Extend leg backward from hip, with knee in partial flexion			
56. Flex support knee slightly with arms extended for balance			
57. Swing forward with a sharp extension of the knee and flexion of the hip as the instep of the foot (not toe) comes in contact with the ball			
Hitting-Striking			
58. Stand in a forward stride position, knees flexed, weight evenly distributed			
59. Flex elbows, grip firm, wrist rigid			
60. Straighten elbow in linear motion as weight transfer fluidly forward			

Low Functioning Social and Motor Development Performance Profiles

Name: ____________________ Age: __________
Class: ____________________ Height: __________
Date: ____________________ Weight: __________

Motor Development...	+	-	Comments
Four Weeks			
1. Prone position - chin up			
2. Supine position - legs flexed, extended, rotated			
3. Prominent head lag, head falls on chest, may erect momentarily			
Three Months			
4. Prone position - chest up, supports on flexed arms			
5. Hips extended with knees flexed			
6. Supine position - head to side occasionally midline			
7. Rolls to side			
Four Months			
8. Prone position - sustained forearm support (head and chest up)			
9. Supine position - symmetrical posture of arms and head			
10. Sit propped, holds head steady			
11. Underarm support - takes small fraction of weight on feet for a moment			
Five Months			
12. Prone position - supports with extended arms			
13. Sits on top and grasps objects			
Six Months			
14. Prone position - lifts leg high in extension			
15. Supine position - roles to prone (automatic)			
16. Lifts head			
17. Lifts head and pulls to sitting position with assistance			

Motor Development...	+	-	Comments
Seven Months			
18. Lifts onto all fours			
19. Lifts head as if wanting to set up			
20. Sits alone (unsteadily to one minute) leans forward on hands			
21. Temporary extension of legs, with support in weight bearing			
Eight Months			
22. Assumes sitting from prone alone for one minute			
23. Pivots in prone			
24. Stands if held			
Nine Months			
25. Assumes sitting by pushing with hands			
26. Sits alone ten minutes			
27. Assumes quadruped, maintains, rocks			
28. Pulls to knee stand			
Ten Months			
29. Sits with good control			
30. Goes from sitting to prone easily			
31. Goes from prone to sitting			
32. Begins creeping			
33. Stands when held by hand			
Eleven Months			
34. Pivots in sitting			
35. Walk if held (two hands)			
36. Cruises with support			
Twelve to Fourteen Months			
37. Creeps coordinately			
38. Assumes and maintain kneeling balance			
39. Pulls to standing (stands momentarily)			
40. Throws ball from standing or sitting			
Fourteen to Sixteen Months			
41. Walks alone			
42. Rises independently without supports			
43. Falls by sitting			

Motor Development...	+	-	Comments
Eighteen Months			
44. Stands on one foot with help			
45. Walks upstairs held by one hand			
46. Walks sidewise and backwise			
47. Seat self in small chair			
48. Climb into adult chair			
49. Hurls ball in upright position			
50. Steps against to kick ball			
Twenty-One Months			
51. Upstairs using one rail			
52. Downstairs, one hand held			
53. Squats in play			
Two Years			
54. Does not fall when walking			
55. Picks up object from floor			
56. Up and down stairs alone, nonreciprocal			
57. Runs fairly well			
58. Kicks a ball on command			
59. Throws ball 5-7 ft. (one hand)			
60. Throws ball 3-5 ft. (two hands)			

Performance of fine motor skills...	+	-	Comments
1. Extend shoulder and elbow to contact object--object need not be grasped or manipulated			
2. Use arms and hands for manipulation, to grasp, or bring arms together			
3. Raise and extend arms, grasping objects with one and/or both hands and release objects			
4. Transfer objects from hand to hand or hold two objects, one in each hand			
5. Coordinate hand, wrist and forearm in rotating action to place objects rather than drop object			
6. Place and remove objects from containers of closely related sizes, stack boxes or blocks, or place rings on stake			
7. Open and close twist-top containers			
8. Manipulate hands and fingers to use pencil or string beads			

Rhythm fundamentals...	+	-	Comments
1. Respond to sound--will move toward source			
2. Differentiates between high and low pitch			
3. Claps or beats time to various rhythms and tempos			
4. Retains simple rhythmic patterns--imitates either verbally, or through physical movement			
5. Keeps time and retains uneven rhythm as seen in a variety of movements			

Socialization fundamentals...	+	-	Comments
1. The child recognizes the presence of another child or adult by exploring his body parts or surfaces			
2. The child actively expresses a self identity or awareness of person by seeking adult response to some overt form of behavior such as pushing or pulling, etc.			

Socialization fundamentals...	+	-	Comments
3. Upon request, the child exhibits a general knowledge of his body parts by identity or by function			
4. The child shows an understanding of direction in relation to himself, other children and adults (up, down, left, right, etc.)			
5. The child distinguishes his own identity in group situations by responding to either his name or to specific direction			
6. The child tolerates manipulation and interacts with adults during activity			
7. The child tolerates physical association with other children			
8. The child participates in play situations with adults by following rules and directions			
9. The child participates in social activities with other children (dance, group singing, marching, rhythmic activities, etc.)			
10. The child interacts appropriately with other children in structured play situations (takes turn, shares, etc.) with adult assistance			
11. The child with adult supervision assists in selecting and implementing materials and/or equipment needed for a specific activity			
12. The child initiates a structured activity and participates with minimal adult supervision			

Recreation Therapy Unit Plan
Deaf-Blind
1973-1974

Date	Unit
Sept. 11	Performance Profile Evaluations
Oct. 1	Locomotor Patterns - walking, crawling
Oct. 8	Locomotor Patterns - running, jumping
Oct. 15	Scooter boards
Oct. 29	Tricycles
Nov. 12	Locomotor Pattern - climbing
Nov. 26	Skill Development Equipment
Dec. 3	Tumbling
Dec. 17	Christmas Art Project
Jan. 2	Skill Development Equipment
Jan. 7	Lind Climber
Jan. 21	Scooter boards
Feb. 4	Socialization - Confined space
Feb. 11	Inflatible Apparatus
Feb. 25	Locomotor Pattern - striking, hitting
Mar. 4	Skill Development Equipment
Mar. 18	Lind Climber
April 17	Locomotor Patterns - pushing, pulling, lifting

Music Program
Iowa Braille and Sight Saving School
by
Twyla Misselhorn

Activity	Equipment	Child Response	Teaching Suggestions
Attending, listening, and or feeling vibrations of music	Record player with access speakers- variety of records	May cry at first, or look pleased. Usually attempts to get closer to speaker, and enjoy having speaker on different parts of his body. Dances away from speaker, returns to feel vibrations, then dances again.	Select variety of recordings with distinct beat such as the Hap Palmer series. Take child's hands and place them gently on the speaker. Pat child's body rhythmically as music is played. After several sessions, move child away from speaker to floor and dance with him. Bring him back to the sound every 10 seconds at first, then increase the time of dancing until the child will then go by himself to feel the vibration, then dance on his own.
	Piano		Allow child to get as close to sound source as comfortable. Seat child under left of piano at low register; behind piano or organ with hands on sounding board; place hands of child on hands of person playing piano.
	Variety of different instruments		Chose own instrument- allow child to explore all instruments to find one most rewarding to him.
	Vibration Board		Have child stand or sit on board and feel the rhythmic vibration of music played.

Activity	Equipment	Child Response	Teaching Suggestions
Attending-listening and or feeling vibration of music-singing			Place child's hands on your face and sing to him; for young child, have him sitting on your lap and facing you. Sing nursery songs, songs about parts of the body, about animals, about what the child is wearing, about what he is doing and where he is going.
Rhythmic Activity (small motor coordination)	Record, piano or voice accompaniment only	Moves fingers, Starts finger play	Place child with his back to adult. Help him with finger play during singing of "Twinkle, Twinkle Little Star," or other songs such as "Open Shut Them," and "Eency, Bitsy Spider."
Playing Instruments	Many simple, rhythm instruments, such as rhythm sticks, drums, maracas, bells and types of cymbals	Begins to mimic	Clap child's name, placing your hands over child's hands; clap rhythm of name of body parts.
		Plays Instruments	Using a rhythmic pattern, have child play simple rhythmic instruments: drum, rhythm sticks for "clicking" sounds, maracas for shaking and rustling sounds, swishers and scarves for soft rustling sounds, melody bells.
Moving to Music		Moves body to rhythms of marching, walking, running, skipping, dancing	Assist child to explore space with parts of body and body. Create own dance according to rhythm.

Activity	Equipment	Child Response	Teaching Suggestions
			how music sounds and feels. Adults join hands of two children and helps them to move together. Reinforce all activities with manual and or verbal language.
Numbers and Accents	Drums, cards with X,XX, XXX= beat, XXXX		Place drums in front of every child. Everyone beats his drum 4 times. If child cannot do this, adult takes child's hands and does it for him. Hold cards up to show number of beats to be made on the drum: X,XX, XXX,XXXX.

Oak Hill School
conducted by
The Connecticut Institue for the Blind
120 Holcomb Street
Hartford, Connecticut 06112

The Oak Hill Swimming Program For Deaf-Blind Children

One component of the physical education program for deaf-blind children which has met with considerable success is the swimming program initiated in September, 1970. As of June 1972, 13 of the 18 participants who are between the ages of 5 and 8 were swimming independently in ten feet of water. The remaining 5 children were independent with flotation and were able to move approximately ten feet without any flotation.

The major objectives of the program are to help the child overcome his fear of the water; to promote relaxation; to encourage him to engage in an independent activity; to improve his coordination; and to make swimming a pleasurable experience.

Each of the eighteen children received a total of two hours of instruction per week, thirty to thirty-five minutes of which were spent in the water. The remaining time was spent in traveling to and from the olympic size pool on the campus, and in dressing and undressing. Concerning the latter, efforts were made to reinforce their self-help skills by encouraging them to dress and undress with a minimum of assistance. Follow through in regard to toilet training was also maintained. There were six children in each class and three instructors, each of whom worked with one child at a time. The remaining three children sat at pool side, and later, as their skills progressed, engaged in independent water activity. This procedure continued on a rotating basis.

Irritability was quite evident for approximately three to six weeks, but with constant reassurance and perseverance on the part of each instructor, approximately ninety percent of the children adjusted to their environment, became relaxed, and were aware of what was happening and what was expected of them. The instruction was conducted on an individual basis and modified to meet the special needs of each child. At the onset, attempts were made to gain the child's confidence and trust, and thereby encourage him to relax and remain at ease. Once this was accomplished, it was not possible or advisable to change personnel as the child would react with distrust and accompanying tenseness. Another important factor was the complete relaxation of the instructor which the child sensed and toward which he reacted favorably.

Various types of flotations were used to promote confidence, relaxation and support. Included were arm flotations, bubbles, fins and kick boards. The plastic vest was particularly effective because it was not awkward or cumbersome and allowed for considerable freedom of movement. Initially, these flotations were used in various combinations depending upon each child's preference and need.

Position in the water varied with each child. To promote confidence, the instructor did not attempt to shift the child to another position but rather assisted him in moving his arms to demonstrate propulsion. The flotations were always removed for part of the swimming period in order to allow the child to move about in a normal position and to decrease dependency on the flotation.

The following procedures were employed during the program:

1. The child was held gently but firmly and was made to feel secure. He was encouraged by the instructor to walk and to jog, always with one or more flotations in order to experience extra buoyancy.

2. He held on to the side of the pool while the instructor moved his legs.

3. Holding on to the kickboard, he floated, at first, and then was instructed to kick his legs.

4. One (or more) of his flotations were removed and he used the kick board exclusively.

5. The kick board was removed. He used either a plastic vest or a bubble in the free float position.

6. With the assistance of the instructor, the back swimmers received head support and the front swimmers received torso support. (Children with light perception preferred the back position while those without light perception readily assumed a front position. Instruction was based on each child's preference.) After a time and at the discretion of the instructor, the child was allowed to swim unassisted.

7. The child entered and left the pool independently, usually via pool side as opposed to steps.

8. Leveling off was accomplished by gently tossing the child so that his head was submerged and he learned the recovery procedure. He was conditioned prior to this by virtue of the fact that water had splashed on his face on numerous occasions.

9. Distance swimming was attempted. Once the children became independent in the water, they tended to twirl around in one small area. With a little prodding and assistance by the instructor, they swam the width of the pool, and later, the length of the pool (25 yards). At the end of the year, one child independently swam twenty-two continuous lengths. Initially, plastic ropes were used as guides but because

they proved to be distracting, their use was discontinued. Distance swimming will be continued to improve endurance and to encourage continued activity.

10. Instruction in and supervision of arm and leg movements in acceptable postitions was continued.

11. The children learn to jump and then dive in the following sequence:

    a. The instructor held the child's hand and both jumped from poolside together.

    b. The instructor stood in the water while the child sat at poolside. The instructor held both of the child's hands when the latter jumped.

    c. The instructor in the water touched the child at poolside to make him aware of the fact that she was there to catch him or retrieve him if necessary.

    d. When the child was able to jump independently and without fear, he was then taught to dive. The child braced his feet on the thighs of the instructor who then bent the child's torso, gently toppling him into the water head first.

    e. The child's arms were placed in the overhead position with hands clasped. Then the above procedures were followed.

    f. The child stood on the first step of the pool and the above procedure was repeated.

    g. Same procedure but the child performed from edge of pool.

12. When the child was able to jump from the edge of the pool independently, he was introduced to the diving board.

    a. The instructor indicated to the child that he was to jump into the water from the diving board.

    b. The instructor guided the child to the end of the diving board by walking behind him and holding on to his waist.

    c. The child stretched his arms over his head and the instructor held his hands.

    d. The instructor sprung, letting go of the child's hands just as he jumped into the water.

This procedure was repeated ten to twenty times until the child was able to comprehend the gestures made by the instructor and was able to jump independently. Once this was accomplished, the instructor indicated that the child was to enter the water head first. The child understood the gesture (hands over head and bending of the torso) because he had learned it in relation to diving from the edge of the pool.

By the end of the 1972 school year, three children were jumping with assistance; two jumped independently; and two jumped and dived independently.

At the end of the 1972 school year, all of the children had achieved some degree of independence in the water. Most of them seemed relaxed and found swimming an enjoyable experience. All were aware of where they were going when the gesture for swimming was given: they moved to the location where they waited for transportation to the pool. Progress was also noted in their ability to dress and undress with some degree of self-reliance.

Next school year, the children will be grouped homogeneously and will continue to perfect swimming strokes. Two children who are more advanced will be taught Red Cross skills and will join a regular swim class. Eleven children will continue to develop endurance, improved strokes, jumping and diving procedures. Hopefully, the remaining five children will continue to progress in water endurance.

Camping Program
Deaf-Blind
Outdoor Education Camping - Perkins School
by
Ingrid Watkins

Introduction

To become confortable and thus enjoy the outdoors, one must acquire a certain familiarity with nature and develop skills in living outdoors. A handicapped youngster is less likely to attain these goals independently. He has difficulty dealing with his immediate environment and this aspect of his education, through vital, is neglected for the more pertinent aspects of life such as self-care and vocational skills. A child less likely to have an experience in camping than even an orthopedically handicapped, a blind child, a deaf child, or a retarded child is the deaf-blind child. This youngster is multihandicapped. He needs other more involved means of learning than other handicapped children.

An orthopedically handicapped child can hear what is said. He can see and visualize objects, such as birds, at a distance. Generally, he is at a normal academic level of understanding. A retarded youngster can hear and see, but is at a low level academically. A blind child can hear, and see much with his hands. A deaf child can see and read small print -- the normal presentation of public information. His language level is a bit lower than a more hearing counterpart, but it is not at the low level of the deaf-blind child. A deaf-blind child with some degree of retardation must be taught at a low level academically. This should be according to his level of understanding language. Material must be presented at his level and in a method which he can grasp. Some of these children are speaking; others finger spell; and still others use signing. Some of the children read large print; others must use braille. A few can read small print, but only for short periods of time. Thus, material must be presented in a unique manner.

A deaf-blind child can gain much from the outdoors. His language learning is extended to the outdoors through camping. His experience will be much enriched through this weekend in a more enjoyable and meaningful way. The deaf-blind youngster will have an opportunity to develop a sense of comaraderie and participate in group responsibility. Through nature studies planned at the academic level of the child, he will become familiar with and appreciative of nature. By cooking outdoors the youngster will become more confident in his own ability to do. He will have acquired camping skills which will make the outdoors more enjoyable. By following safety precautions in cooking and hiking, and learning the WHY of safety outdoors, the youngster will become more oriented to the outdoors. After all is said and done the child will have had fun accomplishing all this and more.

General Objectives:

To have fun.
To expand the children's experiences to the outdoors.
To become oriented to the outdoors.
To become familiar with nature.
To develop within each child a sense of group responsibility.
To develop a sense of independence.
To develop a common sense through problem-solving situations.
To develop a sense of comaraderie within each child.
To develop gross motor skills through hiking.
To acquire some basic camping skills.
To develop within each child a sense of self-confidence and trust in a new situation.

Specific Objectives:

Cooking:

To work in a group effort.
To build a campfire. (optional)
To cook at least one well-planned, well-cooked meal.
To wash dishes outdoors.
To put out the fire.

Nature Studies:

To identify a tree.
To identify a bush.
To identify a vine.
To identify a plant.
To differentiate through identification and description a tree, a vine, a bush, and a plant.
To make a nature notebook.
To sleep outdoors one night. (optional)
To hike through the woods.
To fish early in the morning. (optional)

Campcraft:

To make a tin can stove.
To lash at least two sticks together.
To cook dough boys.
To build a lean-to.
To set up a simple tent.

Campfire:

To build a campfire.
To split a log.
To put a log on the fire. (optional)
To roast a marshmellow.
To make a s'more.
To put out the fire.

Curriculum
Group 1

Campcraft:

Choice of activities:

1. Boating (if available)
2. Whittling - making a fuzz stick
3. Fishing
4. Working on the tent.

Campfire:

I. Safety:

Always keep bucket of water and sand by the fire in case it gets out of control.

Do not put the fire close to trees as sparks may fly - especially on a windy day.

Keep the fire small.

Clear a large circle (10ft.) around the fire. Remove all pine needles, leaves, etc. that could catch on fire. If a spark flies out and lands on dirt, it will not burn.

II. Steps In Building A Campfire:

Clear the area of leaves, pine needles, etc.
Dig a hole where the fire will be built.
Put rocks in a circle around the hole.
Fill the hole with kindling.
  Kindling- material that will light easily (paper, dry leaves)
Place the wood over the hole.
Light the fire with a rolled newspaper, fuzz stick, etc.

III. Build Three Types Of Fires:

IV. Cooking:

Use of pot
Use of stick
Use of stake
Use of pan

Ecology:

I. Interrelationship between living things:

Animals and plants help each other. Animals eat off plants.

Flowers make food for bees, and bees help the flowers grow by giving them pollen. Mosquitoes are food for birds; birds live in trees; and dead birds and dead mosquitoes become food for the trees. I do not like mosquitoes, but birds must have mosquitoes to eat.

II. The impact of man on the environment:

Man is a very dangerous animal. People cut down trees; build dirty factories, drop paper on the ground, kill animals, and start fires. Man hurts all the animals and plants in the forest. Man hurts the ecology. When people cut down a tree, many animals lose their home. When we pick a flower or take wood or bark off a tree, we kill plants and animals. When we build factories, the dirty air kills plants and animals. The dirty air from cars kills animals and plants. Waste products poison the water. So we never use the lake as a toilet, or drop anything into it. Paper or the ground looks ugly and makes things dirty. So we will help keep the forest clean today.

III. Clean-up:

We are very careful not to start fires, because a fire can burn down a big part of the forest. We try not to waste paper, because men have cut down more trees if we use too much paper.

Nature Study:

I. Properties of Hardwood and Evergreen Trees:

There were forest like this on 78 million years ago.

There are 2 kinds of trees. Hardwood trees have leaves. Leaves make food. Softwood trees have needles and cones. Softwood trees are pine trees or conifers, or evergreens. Hardwood trees are also called deciduous. In the fall hardwood trees lose their leaves. The trees sleep in winter. The leaves on the ground become humus soil. Trees grow in humus soil. Softwood trees are green all winter. In spring, hardwood trees spread their seeds. The seeds roll on the ground or fly on wings. The seeds may become new trees. Birds and squirrels eat some of the seeds.

All trees need sunlight. The biggest trees get the sunlight. Smaller trees can grow only where there are no big trees. Smaller trees cannot grow in the thick forest. Little plants and bushes grow under the big trees. Smaller trees grow in fields, next to but not under big trees, and near ponds. Birch is a smaller hardwood. Its bark is white.

II. Plants We Are Likely To See:

Laurel, rhododendron, and azalea are bushes. They have shiny green leaves. Sometimes they have flowers. The bushes grow under big trees. Strawberry is a small bush.

Trees must live in soil with minerals. The soil gets minerals from old leaves and deed animals.

Very tiny animals live in ponds. Bigger animals will come to eat them. After many years the pond is filled with little animals and plants. It becomes a swamp. Moss grows in the swamp. Now it is a bog. After many more years trees will grow in the bog.

III. In Spring everything begins to grow. Flowers bloom in the spring. A lot of trees grow flowers. The flowers carry seeds to make new trees. Later leaves grow on the trees. Some seeds blow in the wind. Other seeds are carried by bees. In spring birds fly north. The birds spent the winter in the south because it was too cold here. Women birds lay eggs in the spring. Baby birds are in the eggs.

IV. Trees, Moss, Fungus, Algae

Trees are wood. Every year a new ring grows in the core of a tree. We can see the rings on a stump. The outside of a tree is bark. Small flowers grow on the forest floor in spring. In some places there are big patches of sunlight. Moss grows in no sunlight. Sometimes moss is on the north side of a tree.

In fall all the leaves on the trees fall to the ground. Insects live between the leaves on the ground. Worms come and eat the insects.

A mushroom is a fungus. Some mushrooms taste good, but other mushrooms are poisonous. Fungus is a plant, but it is not green. Algae is a small seaweed. Sometimes a fungus and an algae get married. The fungus and algae become a lichen.

The trunk of an evergreen tree is straight. A cone is a seed case. Two seeds are at the lower end of each scale. The scales are curved upward like a scoop. The wind blows pollen down the scales to the seeds. When pollen meets seeds, new trees begin to grow. Pine needles make food. The needles are tough. They are coated with weather-proff wax. Sometimes needles die. They fall off the tree. Then new needles grow in their place. Evergreen trees have resin. The resin keeps away bad fungus and insects because it tastes bad.

Curriculum
Group 2

Nature Studies:

Trees: Discussion of different kinds of trees and how to identify trees (leaves, bark, seeds).

Draw 3 or 4 different trees, collect their leaves and seeds, if possible. Identify trees by comparison with books.

Tree-boring to determine age of tree.

Campfire:

Discuss best kind of wood for fires; collect tinder, kindling, and fuel.

Split wood with axe or saw wood.

Discuss and demonstrate different types of campfires.

Build a compfire for evening campfire.

Discuss how to put out fires.

Campcraft:

Choice of several activities:

A. Making a lean-to.
B. Blazing a trail around the reservoir.
C. Using a reflector oven.
D. Fishing.
E. Learn how to use a weather station.

Ecology: Preceded by class discussion of ecology and pollution, etc.

Discussion of ecology and pollution including definitions, examples, effects, etc.

Examples of ecology and pollution at the camping area.

Importance of ecology.

Curriculum
Group 3

Campfire:

- What is a campfire?
- What do we need to make a campfire? (gather wood, etc.)
- Try to make a campfire.
- Put out a fire.
  - Safety precautions, rules, and reasons

Campcraft:

Put up the tent that will be used for sleeping. (Work in partners-as much as possible independently)

Unfold sleeping bags. Get in; out; refold. Why is a sleeping bag warm?

- Discussion about tents: uses
- Discussion about sleeping bags: Purpose; where are they made?
- Discuss:
  - camping needs
  - camping equipment
  - hikes
  - meaning of "camp out"
    - "go camping"
    - Can we go camping in Watertown Sq.?
    - Where do people go camping?
- What do we do if:
  - There's no stove or refrigerator?
  - There's no cabin to sleep in?
- Enter concepts into notebooks.

Nature Study:

- Nature walk
  - go for walk across street into woods
  - identify a few common trees; pine, maple, birch
  - compare with bushes, shrubs, etc.
  - look at grass, pine needles on ground, vines
  - look at:
    - living plants
    - dead plants
- Identify:
  - living tree
  - dead tree
  - firewood
  - pine needles
  - path
  - field
  - mud
  - grass
  - tree roots
  - stumps of trees, roots

Make a collection of things from the ground.
Sit on blanket in wooded area. Discussion.
- What is the woods? A Field?
- What animals live in the woods?
- What do they eat?
- Why don't we see many (if any) animals?
- Do we like camping? The woods? Why?
- Many years ago, all land was woods. Later, men built buildings, etc. Do we want men to build houses and stores here? (No more camping)

At Lunch: go to lake:
- talk about what lives in the lake.
- why is the lake good? why do we need lakes, oceans.
- take samples: sand, water, polywogs (if possible)

Ecology:

What we shouldn't do:
- Litter
- Wasteful use of resources
- Build too many buildings; leaving no natural woodlands (talk about National Parks, and National Forests)

What we should do.
- Ideas from group

Talk about ecology hunt.

Ecology Hunt:

Identify what we find.
- Is it waste?
- Is it natural?

In all areas:

Emphasis: provide opportunities for pupils to think about what we're doing - immediately and in terms of the weekend as a whole.

Help to make thinking possible; help make concepts clear to each pupil on his or her level, so each can comprehend and recall and apply.

Provide stimulus for questions from each pupil. Hopefully, the weekend will be a very enjoyable experience for each pupil.

Curriculum
Group 4

Nature Study:

Identify and distinguish:
- poison ivy, plant, tree, bush, vine, pine needles, pine cone, oak leaf, maple leaf, birch bark, acorn

Discussion: it is spring; weather becomes warmer; birds make nests and lay eggs; leaves and flowers grow; bees put pollen in flowers; pollen helps flowers grow.

Ecology:

What people do to make the ground ugly:
drop matches, paper, glass, and cans on the ground.
Why is this wrong:
matches start fires;
papers and cans look ugly;
can get cut by glass.
What we can do to keep things clean and beautiful:

1. Do not hurt animals and plants.
2. Do not pick flowers; they will die.
3. Do not break leaves, bark, or branches off trees.
4. Do not kill bugs and worms.

Why should we follow these rules:
The woods are beautiful; we don't want to hurt the beautiful animals and plants; we will help the forest.
Clean-up: We will clean the forest.
Pick up all the paper, glass, and cans from the ground.

Campfire:

What is a campfire used for:

1. Light
2. Cooking
3. Warmth

Build the campfires; learn more by doing; one campfire.
Safety factors.

Campcraft:

Set up a tent. Use of mimeographed sheet instructions.
(This will also serve for an organized group activity.)

Menu

Supper - Friday (Group 2)

- Spaghetti (w/hamburg sauce)
- Tossed salad
- Italian bread
- Cookies, Fruit
- Coffee, Tea, Milk

Breakfast - Saturday (Group 1)

- Scrambled eggs
- Orange juice
- Cold cereal
- Muffins, or coffee cake
- Coffee, Tea, Milk

Lunch - Saturday (Group 3)

- Sandwiches - cold cuts or peanut & jelly
- Fresh raw vegetables
- Potato chips
- Brownies
- Tonic

Supper - Saturday (Group 4)

- Hot dogs & Hamburgers
- Fresh raw vegetables
- Potato chips & pickles
- Cake
- Coffee, Tea, Milk

Breakfast - Sunday

- Staff surprise!!!

Camp Rules

No bare feet.
No running in the woods.
Do not drink out of the lake.
Do not litter.
Do not pick any plants.
Do not go out alone.
Always carry a flashlight at night.
Never leave your campfire.
Always have a bucket of sand or water next to your fire in case of emergency.
Do not get up until 7:30 A.M. except those people who are cooking breakfast.
People cooking breakfast may get up at 6:45 A.M.
Report any accident immediately no matter how minor it may seem.
Always tell someone where you are going.

Schedule

Friday:

8:45	School
9:00	Begin preparing to leave for camp.
10:00	Leave for camp.
11:00	Arrive at camp. Get keys for Hull House at lodge from Mrs. K. Begin checking equipment and washing dishes.
12:00	Lunch - you brought a bag lunch from your cottage.
12:30	Finish washing dishes.
2:00	Others arrive at camp to help.
3:30	Begin preparing supper - Group 2.
5:00	Supper
6:00	Dishes - Group 2.
7:00	Campfire and social
8:30	Prepare for bed.
10:00	Lights out!!!

Group 1
Saturday:

6:45	Rise and shine
7:30	Cooking
8:30	Breakfast
9:30	Dishes
10:00	Nature study
11:00	Campfire
12:00	Lunch
1:00	Rest or fishing or hike
2:00	Ecology
3:00	Campcrafts
4:00	Ecology Hunt
5:30	Supper
6:30	Clean-up
7:00	Campfire and social
8:30	Prepare for bed - cabins or tents
10:00	Lights out!!!

Group II

Saturday:

7:30	Get up
8:30	Breakfast
9:30	Clean cabins
10:00	Campcrafts
11:00	Nature study
12:00	Lunch
1:00	Rest or fishing or hike
2:00	Campfire
3:00	Ecology
4:00	Ecology Hunt
5:30	Supper
6:30	Clean-up and prepare campfire
7:00	Campfire and social
8:30	Prepare for bed - cabins or tents
10:00	Lights out!!!

Sunday:

7:30	Rise and shine
8:30	Breakfast
9:30	Clean cabins and load cars
10:00	Cabin check
10:15	Leave camp

Ecology Hunt List

Nature Studies

1 pine cone
1 piece of birch bark
1 oak leaf
1 maple leaf
some pine needles
1 rough stone
1 smooth stone
1 twig
1 piece of burnt wood
some beach sand

Trash List

1 cigarette butt
1 elastic band
1 piece of paper
1 bottle
1 can
1 candy wrapper
1 bottle top

Deaf-Blind Camping Evaluation

It was felt that more time was needed for such a program to be successful. The students were just beginning to become acclimated when it was time to leave. Our suggestion is that the group leave Perkins on a Monday morning and return Friday afternoon.

A problem arose with some of the children who had to teacher or child care worker with whom to talk and discuss everything. Adults whom a child knows should be there for the moral support of the child. We also feel that not only should the groups continue to be coed, but also that the staff in all groups be mixed. There should be at least one man and one woman in each group.

We felt the groupings of the children were very good both academically and practically. Perhaps on a weeks trip the most advance group could act as group leaders for the other groups at times during the week.

Perhaps a series of one night trips would prove helpful in the future in terms of preparation. Greater classroom preparation would be helpful in many instances. More language work would have increased understanding. For example, one child did not understand the meaning of making her bed in the morning.

There should be an equal stress on both academic and practical experiences with the practical experience often preceding the main academic experience in terms of studies and actual language lessons.

Daily staff meetings should be held to evaluate and discuss the days' activities and progress. This would also serve to change anything on the schedule that is not working out as planned.

There should be better supervision of students and knowing who is where. Occasionally, students who should be supervised, wandered off alone.

The schedule should be planned with greater fluency of one activity leading into another such as nature studies leading into picking a good spot for a tent, pitching the tent, and building the campfire near the campsite. Ecology could be stressed throughout the period with nothing specific devoted to it. This will permit the schedule a bit more flexibility in the eyes of the children and any additions or changes will not disturb them. Also within the schedule there should be time for photography. Perhaps this could even be included in pre-camp classwork - a unit on photography as a hobby for the sighted children.

Where seemed to be a great deal occurring in terms of independence, decision making, and social relationships. Children initiated their own activity without adult interference as exemplified by many of the children in games of fistball, frisby, etc. The schedule needs to be planned to allow the children to do and learn, to initiate their own learning, but not always led by adults.

The children who knew what they were doing, who had had some practical experience tended to learn more and have a much better time then those who had no or little previous work.

Gardening Program
by
Rex Bowen
University of Iowa
Recreation Education Program

Weekly Program Schedule

The activity of gardening was selected because it serves very well as a vehicle to teach the concepts of growing, size, time, dirt, etc.

Instead of a weekly program the activity of gardening would be extended over a period of two months. For convenience sake the activity is divided into a weekly schedule and a daily program schedule. The weekly schedule is composed of five separate two hour sessions which are held Monday through Friday of a given week.

Prior to this activity the teach explains to the Client exactly what he will be doing and the sequencial steps which follow the natural development, of plant life. Effort must be made to present the activity in a sequencial manner by building upon what has been taught previously. The teacher should also utilize teaching techniques which have carry-over value such as using identical visual clues.

Daily Program Schedule

Each daily session of the gardening activity is to last for two hours as the students are able to remain attentive during this period of time. Roughly the daily program schedule breaks down into the following sections:

1)	Introduction of the activity Ex. planing the seeds (Friday)	15 minutes
2)	Demonstration of the activity	15 minutes
3)	Teacher assists the pupil	30 minutes
4)	Pupil performs the activity	45 minutes
5)	Evaluation	15 minutes

Of course this procedure will have to be flexible in order to meet the format of the scheduled daily program, for example the field trip to the supermarket on Tuesday. The daily program should develop around the abilitites of the student and what he has learned the previous days in activities relating to this project or program, for example the activity planned for Friday is based upon the knowledge and skills learned previously in the week.

Evaluation

Due to the uniqueness of this activity and the special population for which it was intended, it is suggested that the teacher compose a checklist of abilities and concepts for each student. At the end of every activity (the last 15 minutes) the teacher should evaluate the student based upon his performance. It is further suggested that the teacher post these evaluations where the students can see their progress.

Weekly Program Schedule

Monday	Tuesday	Wednesday	Thursday
Based upon the introduction to gardening the teacher explains how plants grow and uses an indoor box garden. Teacher uses visual aids (pictures) of the vegetables and explains the growing cycle. In the box garden the rows are identified with a bright colored yarn and colored stakes. (pink yarn & blue stakes) Over a period of time the student is able to observe the growth of the plant, also able to touch and smell the plant.	A field trip to the supermarket is planned so the student can relate the seed with the vegetable. For example a watermelon seed does not resemble a watermelon. This field trip experience provides the student with an opportunity to see, feel, smell, and taste fresh garden begetables. The teacher should also match the seed with the actual vegetable and a picture of the vegetable. (for identification of rows after seeds have been planted.	The next step is to take a field trip to the garden site. The teacher should explain that this is the place where they will make their garden. This is the place where they will plant their seeds which will grow into vegetables. This is a good time for the students to feel and smell the earth and become familiar with their garden site. A good leaf-up activity is "What's in the Ground?" This activity can teach many concepts while providing a pleasant experience. For example- a worm (earth) placed in the hand is quite an experience!	Introduction to tools is the next step in preparing to do some gardening. Each tool is brightly color code with various textures or signs inscribed upo the handles. This giv the other deaf-blind students a means of identifying the tools. Basically, the only tools involved are a rake, fork, and a hoe. The students learn tha the fork is used to tu the earth over; the ho to break up large clod of dirt and to clear the garden of unwanted plants (weeds); the rake to smooth the ear and break the top soil. This provides the students with a concrete experience of interacting with the environment, their peers, and the teacher.
Concepts- growing, rows, dirt, time, planting	Concepts- growth money, time, size	Concepts- size of garden, work, sharing, dirty, small animals, movement	Concepts- work, rest, raking, hoeing

Weekly Program Schedule

uesday	Wednesday	Thursday	Friday
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oncepts- growth oney, time, size	Concepts- size of garden, work, sharing, dirty, small animals, movement	Concepts- work, rest, raking, hoeing	Concepts- planting, furrows, watering

Oak Hill School
conducted by
The Connecticut Institute for the Blind
120 Holcomb Street
Hartford, Connecticut 06112

A Motor Skills Program For Young Deaf-Blind Children

In conjunction with the physical education program at Oak Hill School, an on-going motor skills program for eighteen young deaf-blind children was initiated in 1968. The need for such a program appeared evident because these children had very awkward and generally poor mobility; had no interest in participating in normal childhood activities; and manifested poor coordination and physical endurance. Therefore, the objectives were to develop coordination, learn purposeful and enjoyable activities, improve physical endurance, and identify and use equipment.

At the onset, methods of identification and communication were established. During each class, the instructor always wore the same bracelet on her left wrist. Each child was taught to touch the bracelet, thereby identifying the instructor, before being directed to the activity area. Eventually, after touching the bracelet, the child would automatically walk to the door leading to the gymnasium.

By using the signs and gestures which the children learned in the classroom, communication was reinforced. The following signs were given by the instructor and then repeated by the child, assisted when necessary: passing hands to indicate the end of an activity; hitting a clenched fist against the palm to signal that the child should return to the classroom; hand to lips if class ended at lunch period.

Equipment used during the program included:

1. Mats for crawling, rolling and simple tumbling.
2. Stall bars for ascending and descending.
3. Gym scooters for alternate motion and independent movement.
4. Ropes, hula hoops, beanbags for various push-pull and tossing activities.
5. Large appliance boxes for different types of crawling and for continuous movement.
6. Commercial gym equipment of different shapes and sizes for various games and activities.
7. Playground equipment: slides, tricycles and glider-type swings.

8. Trampoline for continued activity and balance.

Because initial success is most essential to the learner, we always started the class period with an activity which the child could engage in and enjoy. There must be a feeling of satisfaction accompanying the attempt to perform an activity. This feeling comes from success. Repetition of the performance was necessary in order to make the learning permanent. If the child was satisfied and happy, he would repeat the activity.

Instruction was generally individual, especially during the first year. The instructor had physical contact with the child either by holding his hand or by moving in an activity with him.

First Year of Motor Activities

Initially, the children were not mobile, were very irritable, and were neither aware of nor interested in their surroundings. To "reach" each child, we attempted to determine an acceptable activity which he enjoyed. For example, Teddy liked the instructor to hold his hands and swing him around. Josephine enjoyed holding the instructor's hands and jumping. Each activity period began with the child's individually preferred activity and was repeated after he attempted each new skill. As the program progressed, reinforcement was less necessary and irritability decreased. Identification of and performance on the mats, stall bars and scooters was accomplished. In addition, the children were introduced to all areas of activity and apparatus. The actual individual time in which the child engaged in an activity was 15-20 minutes.

Second Year of Motor Activites

During the second year, the children were taken to the gym for 30 minute periods. They were paired according to their similar abilities and interests. Attempts were made to have two children work together in the following:

1. Rolling a ball.

2. Walking and falling down (while holding hands).

3. Loosely tying together two children with yarn in order that they would work together to free themselves.

4. Seating both children on a glider swing.

Each child received individual attention while using a piece of preferred equipment - a scooter for one child, the trampoline for another. All of them appeared to enjoy the trampoline. At first, the instructor jumped with them. Then each child jumped while being held firmly by the instructor using a hula hoop or a piece of rope.

Eventually, they jumped independently. Foot and knee drop activities were taught by following the same procedures.

Developmental sequence of motor growth was basic: rolling over, continuous rolling, creeping, crawling and walking. Periodically, attempts were made to introduce new equipment which each child had previously found undesirable.

By the end of the second year, the children were more aware of each other and did not object to holding hands. Overall improvement in motor skills was apparent.

Third Year of Motor Activities

With the instructor's assistance, three children were integrated into the regularly programmed class. One child did exceptionally well: he learned simple relays and games, engaged in independent games, and became less distracted. Another child was easily distracted and did not participate readily. A third child enjoyed the class and was aware of the other children but her improvement was limited to individual activities.

In pairs, the other children continued activities during two one-half hour periods and one forty-five minute period per week, with four children, the instructor, and one aide. The periods were successful because more children were included. They were made aware of each other by holding hands and forming a circle, holding onto stretch ropes, and engaging in various movements. At this time, two items of equipment were shared: for example, gym ropes, tricycles, trampoline, etc. Each child was allowed to use one type of equipment for ten minutes before being encouraged to change to another.

In addition to improving their skills, the children learned to take turns with the equipment.

Some of the activities which proved successful were throwing bean bags at a target, retrieving them and returning them to a box; and, in instances where a child had useful vision, rolling a hula hoop and following it.

The results of a simple skills test administered in September and June (sample attached), indicated that all of the children had improved. They were willing to take turns using the equipment, were willing to explore, and engaged in purposeful activities upon entering the gymnasium. Stepping over, up and down became easier. They were able to walk on various types of terrain and were able to endure walking longer distances.

The conclusions drawn at the end of three years are:

1. All the children were able to identify the instructor.
2. All became mobile.
3. All developed independence in at least one activity.
4. All improved in coordination, balance and endurance.
5. All understood the signs and gestures which were used.
6. All manifested a decrease in irritability and improvement in behavior.
7. Most children became aware of other children in the class.

For the 1972-73 school year, all of the children who participated for three years in the motor skills activities will continue to reinforce what they learned in groups of four assisted by the instructor and an aide. In addition, they will be taught the following activities.

1. Simple races to improve coordination, awareness and speed, and to learn basic concepts of competition.
    a. Rewarded for completing race.
    b. Rewarded for winning race.
2. Improve skills on mats, trampoline, balance beam and rope.
3. Better coordinated body movements.
4. Creative group movements (for pleasure and for awareness of others) using small parachutes and a cage ball.

The children who are able to be included in the regular gym activities will continue to progress with that class in skills and improved body movements.

Skills

Name ______________________ Date

1. ROLLING
   a. Rolling down incline mat

2. CRAWLING
   a. Through wheel
   b. Up incline
   c. Down

3. Climbing stall bars
   Descending stall bars

4. WALKING
   a. Up incline
   b. Down incline

5. Stepping over object

6. Stepping Up 2"
   Stepping Down 2"

7. Alternating motion with feet
   (sitting on scooter)

8. TRAMPOLINE
   a. Jumping
   b. Seat drop
   c. Knee drop

9. Rolling Ball
   Tossing Ball

10. Tossing bean bags into circle

11. Following a moving object
    (Hula Hoop)

12. Side use

13. Swing use

14. Tricycle

15. SWIMMING
    a. Back stroke
    b. Front stroke
    c. Enter water
    d. Jump into water
    e. Dive into water

CODE: WNT - Will not tolerate; T - Tolerate; A - Assisted; I - Independent

A One Week Program
Amoskeag Center for Educational Services
Manchester, N.H.

by

Ingrid E. Watkins

Since programs in the Region differ considerably and encompass quite a wide range of developmental levels among the students served, we offer here a listing of five developmental levels, each with a term which one can use to refer to the particular level and each with clearly observable expressive behaviors which can be easily used to identify the level. This breakdown seems necessary for all of us to use in order to communicate effectively with each other by mail. The offered breakdown for description of present functioning level is as follows:

Level	Description	Primary Characteristics
1	Profoundly Injured	Children, usually at present in State Training Schools, who are seriously motor impaired and often non-ambulatory, medicated for severe seizures usually, and often with significant medical problems requiring ongoing nursing care. Many texts refer to these children as "crib cases".
2	Low-Functioning	At the sensori-motor level entirely, but ambulatory; no sign of speech communication, no imitation, learning occurs through motor demonstration primarily; training programs focus on development of very basic self-help skills.
3	Training Level	Anticipatory behavior is present as is some imitative ability, though it may be on demand rather than spontaneous. Beginning to make some trained sign responses; at least three expressive signs must be made.
4	Language Level	"Conversational" exchange must take place or at least 50 signs (or words) must be used expressively and spontaneously.
5	Primary Academic	Beginning to learn to read sentences.
6	Full Academic	Engaged in learning in traditional academic subject areas.

Note: The above taken from "The Children's Letter" for and by friends of deaf-blind children. Issue No. 1, March, 1974. Connecticut, Massachusettes, Maine, New Hampshire, Vermont, Rhode Island

Physical Education For The Deaf-Blind Child

We, as educators, are all in agreement that physical education for the multi-handicapped child is a vital part of any curriculum. However, it is often difficult for schools to fund such a program. As a result of monetary cutbacks, the specialist is not found in many schools. Thus, it is necessary for the classroom teacher to teach the non-academic as well as the academic.

As a specialist in physical education, I would like to present to you an example of lessons which I have found useful with the educable deaf-blind child--Levels 3 and 4. If you find them helpful, I would be more than happy to present other samples for lower level children, or whatever your needs may be. It is my intention to improve the status of physical education and recreation for the multi-handicapped child. Your comments and questions regarding this article are welcomed.

I do not expect this example to fulfill all your needs. I hope, however, that you will be able to extract from this, materials which might prove helpful in your own situation. It is of the utmost importance that a lesson be planned with a specific child or specific children in mind, not the child "fit" into some beautifully contrived lesson. I did teach this lesson and was very pleased with the results; however, it was planned with specific children in mind who had very specific needs.

Objectives:

1. To develop a positive attitude toward new encounters.
2. To reinforce the classroom approach to prepositional concept development.
3. To elicit some peer interaction between the children in this class.
4. To explore and react independently to new facilities within the gymnasium.
5. To release some of the tension built during the academic hours.
6. To develop a curiosity for one's surroundings and knowledge thereof.
7. To participate in general movement experiences for the sake of general motor development and new skill development through problem solving and movement exploration.

Methodology:

Problem solving, movement exploration, and direction

Physical Education for the Deaf-Blind Child

General Information:

A specific routine has been developed for all children which proves useful in releasing some of the tension built up during the academic hours. This routine is:

Entering the gymnasium, turning left and running around the gym staying near the walls. It gives the child the security of knowing the area well, success of running around without bumping into things as the pathway is always clear, and the successful feeling of the motor activity - running. It also gives the visual child the opportunity to view the entire gym quickly before one is permitted to wander or explore. This routine is specifically running around the gym from the central position and then, going to whatever piece of equipment or pieces of equipment are on the floor at the time.

Let us begin with a new unit. The unit involves prepositional concepts which is being started in the classroom. The physical education program with the younger children is geared at a language level and a reinforcement level of classroom concepts. It is an integral part of the curriculum and therefore must work with the curriculum, with the concept of the week or the month. It should work on that which the teacher is working in the classroom. For example, a unit in the classroom on transportation would involve movement activities such as tandem bicycling, tricycling, rowing a boat, roller skating, ice skating, or any other activity associated with moving from one place to another. Perhaps running and walking would be included. Perhaps acting out such as being a train, and being a car would also be included. Returning to the use of prepositions in language acquisition, we will base our activities around some extra large blocks which, when constructed properly, use full--in, out, over, under, through, up and down. These are the primary prepositional words which will be covered. They will be brought out on a language level, orally, or signed, or in printed form. When the teacher approaches that specific work in class or concept, we will do the appropriate activities. As concepts are covered, the areas involved will be labeled and stressed in physical education. When the teacher brings into focus the concept of over-under in classroom work, it will be stressed and labeled in physical education. In addition there are floating labels which are presented to the child while he is performing the task. As the unit progresses the child will be permitted to place labels with which he is familiar on the appropriate blocks demonstrating his knowledge of the prepositional concept.

Monday: Exploration of Block Structure

This period will involve free movement on the structure. A ball is available across the room for the child to find independently and use accordingly. There are no other pieces of equipment on the gym floor at this time.

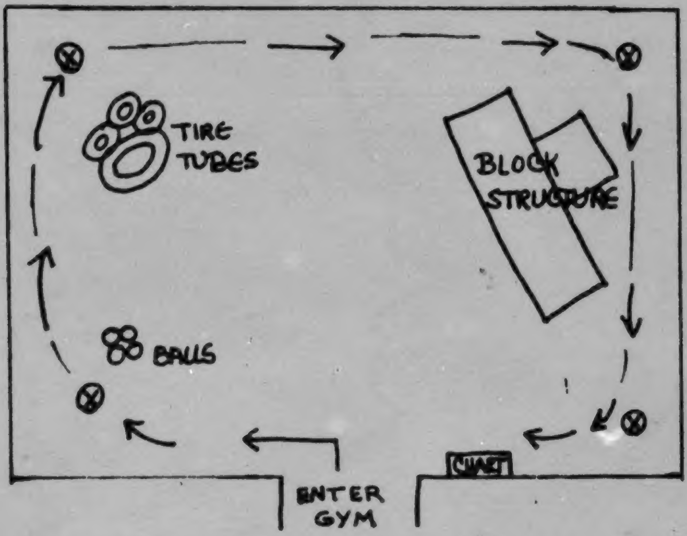
Tuesday: The beginning part of the period will involve freedom of movement and exploration. The structure remains the same; the ball is still across the floor; the tire tubes have been added in the gym. The later part of the period will involve body work with the tire tubes, stacking them, crawling through them, bouncing on them, lying under them. The teacher will hold the tire tubes sideways so that the child can crawl through. The child may go the the other side of the tube, through, around, over and under. This is the problem solving approach.

Wednesday: A number of playground balls will be added. Now, the playground balls are available, the tire tubes are as well as the cage ball and the block structure--all are for independent play, independent exploration at the beginning of the period. The concepts of today's language lesson in class will be visually and orally expressed during the class period. Activities on the block structure with the ball, with the tire tubes, will be oriented to stress the concept from the daily lesson. The classroom teacher accompanies her students to the gym and assists throughout the lesson by reinforcing activities and concepts. It is at this time that the teacher labels these prepositions she has stressed. The stress was on up-down. Therefore, all movements involving up or down movement are labeled, signed and spoken, and a directional arrow is drawn on the label.

Thursday: All materials have been added through Wednesday; no new materials will be added today. A bridge is built upon the block structure. The concept of over-under has been stressed today. The bridge has always been a part of the structure but had not been stressed. Today "over the bridge" will be one of the stresses. Activities useful in stressing these concepts will find the children going under the tire tubes; balls going over or under their heads and standing under the bridge. A large pad of newsprint is on a frame. It has pictures of all the activities done and the labe is the preposition involved. The children may look at all the pictures to date including all the past prepositional concepts and use them in his exploration of the apparatus. At the end of the period I am looking for language feedback in terms of a gesture or sign to indicate which concept the child is using--such as going "down" the slide. Is the child beginning to transfer his classroom knowledge to an activity or movement? Can the child pick the correct word from three words shown (down, under, over)?

Friday: All the concepts for the week are now on labels. The children, after coming in and after their free time must be asked to take some labels and label some of the things with these concepts. It is expected that the concepts stressed should be starting to take form in their minds and they should be able to label a majority correctly. As a child labels an object with the concept, he is permitted to participate in that. A little teacher assistance is totally acceptable as long as it is helping the child to learn the concept.

In conclusion, it is my opinion that a teacher in this situation would do better by removing herself from the situation as much as possible without losing control and observe the independent activity of the children. In a case such as this, a teacher-directed activity would have interfered rather than assisted the child's development. It is better to use a situational approach rather than a teacher-centered approach. It was much more advantageous for the children to enter the gym, to work independently, and function on a structure that had been previously built without interference by the teacher in deomonstrating how one should go up and down. Part of a child's self awareness and body knowledge comes from doing without being shown. We all tend to learn better by doing. It is apparent that children are able to move independently within the facility and benefit. These children who need some teacher security rarely need that security by the end of any given period if worked through properly.



Daily Program
Schedule for Deaf-Blind Program
at
Nevil Center

September 1973-June 1974

Tentative Daily Schedule

6:30 - 7:30 a.m.	Rise and Shine
7:30 - 8:15 a.m.	Breakfast - Children eat with housemothers in Primary School Dining Room TT - Toilet training with housemother
8:45 a.m.	Classes Begin - Housemothers take children teachers in Nevil Center
8:45 a.m.	Individual Instruction - (Speech, Language, Academics, etc.)
10:00 - 10:30 a.m.	TT - Children have juice in wet area in classroom Rest Period - In classroom 10:00 - 10:15 - Children with aides 10:15 - 10:30 - Children with teachers
10:40 - 11:20 a.m.	Auditory Training Motor Skills Activities
11:20 - 11:30 a.m.	TT and Wash for dinner
11:30 - 12:20 p.m.	Children's Dinner (All teachers on duty)
11:20 - 12:20 p.m.	All Aides - Lunch
12:20 - 1:30 p.m.	Aides on duty for rest period in classrooms and playground duty (See schedule)
12:25 - 1:25 p.m.	Teacher's Lunch
1:30 - 3:30 p.m.	Swimming - Tuesday
1:30 - 2:25 p.m.	Activities - Water play, Crafts, Dressing skills, Trips, Cooking, Academics
2:15 - 2:30 p.m.	Milk and Cookies - Classroom wet area
2:30 - 3:30 p.m.	TT - Individual Instruction of Activities
3:30 p.m.	Teachers take children to housemothers in Biddle House and Lions Hall

3:30 - 5:00 p.m.	TT - Outdoor play with housemothers and Deaf-Blind Aides. When weather is inclement, the Multi-Purpose, Arts and Crafts, and Auditory Training Rooms in Nevil Center may be used by the Aides. All must be "secured" when leaving the building.
3:30 - 8:15 p.m.	4 Pupils to a Teacher and Aide 8 Pupils per houseparent with Housemother Aide

Jungle Fun
Recreation for the Deaf-Blind Child
by
Carol Stensrud

The following is a report by a graduate student from the University of Iowa Recreation Education Program who completed a summer workshop for deaf-blind at the Northwest Regional Center in Washington State.

Deaf-Blind Recreation

The purpose of this paper is not to philosophize about recreation but to review the recreational activities we found successful with the twenty-five deaf-blind children, ages three to fifteen, involved in the summer deaf-blind workshop at the University of Washington. I hope that parents, teachers and people who will touch the lives of deaf-blind children will use these ideas and expand upon them to enhance the lives of these children.

Before I begin the review, I would like to throw in a bit of philosophy, however. What is recreation? Recreation is what you choose to do in your free time. We who have full use of sight and hearing can seek out a variety of recreational activities. We choose an activity that satisfies our need at the moment, ie. relaxation, agression outlet, skill development, amusement etc.

Recreation for the deaf-blind children this summer took on a different definition. Free time and structured recreation time was available during the day. Before and after meals, traveling time, weekends, bedtime and early morning times also became free time suitable for recreation. The time was there, but the big difference is in the choice. Unless we provide the choice for the deaf-blind child, he often resorts to the easiest and most accessable type of activity, that of self stimulatory activity.

Recreation for each of the twenty five children was an individualized matter. There is no way you can catogorize these children into groups by needs, abilities or interest and expect to program positive and purposeful recreational activities that will suite all. The closest we came to any type of grouping was our "FREAK" categories. Those kids turned on to lights were light freaks, and we had motion freaks, sound freaks, food freaks and water freaks. At the outside, we could involve five freaks of similar nature in an activity that was fun, motivating and interesting to the group.

One generalization I would like to make about recreation for the deaf-blind child is this: Recreation is the best way to Learn. Through recreation the deaf-blind child explores his environment and learns to assimilate the big scary world into his own child size world. Every recreational activity aside from being fun, provides the child with opportunities to develop his awareness of the world around his (people, places and things), and to develop his self awareness through physical, mental and emotional challenges.

Who was involved with recreation? All the staff were involved at some time or another. Playing patty-cake while you diaper a child is meaningful recreation for the deaf-blind child. Much of free time for the deaf-blind child will be filled with low level activities such as tickling, hugging, and wrestling. Even these simple activities can be made meaningful.

The head of activities and recreation at the house, Jon Pike, was instrumental in guiding us towards the more meaningful play activities. He helped all the staff become more aware of looking at each child and his specific needs and to begin looking at play on the child's level and with the perspective of the child in mind. Jon introduced us to infant stimulation, co-active movement and sensory stimulation. Many of his ideas were only experimented with in the short period of imte we ran the program and every one proved to be beneficial to the kids but even more important they have given us many jumping off points to elaborate on and experiment with in other programs where more time and resources will be available.

Now it's time for business. I hope to cover all the types of activities the children were involved in using just enough detail so that the situation could be easily visualized and recreated. A short statement of objectives met in each activity will proceed each activity.

This first bunch of things are activities that were done at the house. Hopefully anyone can gather the materials needed or scrounge or make the needed items from commonly found items.

Environment - The Jungle

Objective - sensory stimulation, exploration, develop curiosity

The feat of changing a fraternity house into a home for children was monumental. For the time, money and energy we had, we succeeded so I will only draw on the positive.

We called the house the jungle. We had the sleeping areas designated as nests. Each child had his own ice cream container for personal items. On the container was his own animal symbol made of scraps of bright material and textural items such as cotton, straw, velvet, fur, lace, buttons, etc. The dorms were filled with big animal posters and mobiles made of natural materials like leaves that were framed in cellophone. Bathrooms were water holes, the dining area was the fun feast and the downstairs was the cave. All areas had music either from radio or records.

Creating the cave environment was fun. I spent a week scrounging scraps. Visiting warehouses, calling lumber yard, yardage stores, rug stores, searching out trash stashes and asking people for junk. We collected boxes, wood, plastic, foam, lights, barrels, pails, pots and pans, materials, plastic, stuffing, video tape, fuzzy balls, aluminum sheets, piles of yarn and rope. We cut boxes, painted them, made windows with cellophone and covered them inside and out with various feely material like rug scraps or aluminum foil. We made feely boxes out of milk cartons filled with flour, cornflakes, cotton etc. We made smelly boxes out of pill boxes filled with every kind of smell from chocolate to garlic. The finished cave included a maze of boxes, feeling and smelling boxes, boxes with lights inside, piles of yarn and microfilm to dive into, a makeshift jungle gym made from an upside pool table and rope, a pile of huge brightly textured stuffed animals we made and tinkling room divider made from string and bells.

The room full of junk to explore in, independently or with help was successful. How can you tell? Because it was totally destroyed in a week. The children really felt, smelled, explored and experienced the room, in total.

Outside Environment - A Parking Lot

Collecting materials again - wood, plastic, inner tubes, rope, net, cardboard, foam and sand - borrowing bikes and trikes and a swimming pool. You've got to be resourceful and not too proud to beg. We built a sandbox, got sand donated. We constructed a funny looking hammock type swing on a wooden frame, using a huge rope warehouse net for the swing. A pool area with rubber mats all around was set up. Occasionally we'd bring out table and chairs to do a messy art project or have a fun food experience and then wash off in the water. With four sandbox freaks, five water freaks, three in the swing and maybe two being pulled in a wagon, we could keep the majority of our kids happy, stimulated and safe, with very few staff, and lets face it, that ideal one to one situation just isn't always feasable.

Changing environments is fun and important to keep minds and bodies of everyone healthy. Let the kids help you change an old wall into a work of art with a little paint, or change boxes into a play world, or saw and hammer a play house or swing. Simple strips of colored cloth hung with ballons become mobiles when tied to a lamp. How about bells from the ceiling? Or macaroni wall paper. Do it together. It's beautiful.

Infant Area

Our crib area was crowded, but we managed to keep an area in the middle for infant stimulation. Each crib was hung with balloons and mobiles. Lights and mobiles were strung in the room. Music was records or the grand piano. The position of the cribs was changed every other day to provide the child with new views. We also tried to back pack the children around for periods of the day in order to enlarge their worlds.

Infant Stimulation

Individualized activities with all the senses were explored with each child. Bells and rattles were tied to their arms and legs to encourage movement. Range of motion and co-active movement activities were used. Massage and tactile stimulation such as brushing, ice cube feeling, blowing, hugging and kissing was abundant. Sound was explored both auditorily through records and simple instruments, and tactually through the vibrations of sound speakers and the experience of lying on the grand piano and feeling the vibes. The infants also experienced sound through light with a fabulous light box lent to us called the magic ear. It is a light show that responds to tone and beat with throbbing colored lights. Very stimulating. The infants were exposed to the feely boxes, smelly boxes and a tasty box. Records of what turned each child on and what should be carried on by the next person working with the child were kept to make life simpler. Trial and error seemed to be the best way. We had to constantly search for new stimulations for these children. I found it difficult because their world is narrow. I believe that the environment must be constantly changing in order to provide good infant stimulation. Crib light shows, plastic walls on cribs filled with fish, colored water and floating toys, infant controlled crib music are all ideas that would provide changing environments during the long hours spent alone in the crib. Best of all would be to eliminate the crib and the back pack idea comes close to that, I believe. The back pack carrying provides the child with body contact, sight stimulation, expanded environments and the opportunity to use head control and sitting posture.

Open areas where movement is allowed and encouraged, not pens, but the floor are best. These young children need some type of boundary to keep some sensory inputs out, but they need not be unpassable barriers. Soft rope or mild cartons serve well as borders that can be interesting and challenging. The barrier can serve as a motivating device to be trespassed against, felt and looked at. Barriers also serve to keep the children within touching distance of each other so that when you're not there they are being stimulated by one another.

Before starting infant stimulation, Jon Pike, teacher and parent of the deaf-blind, suggests the following.

1. Observe the child, his abilities, behaviors, needs.

2. Get mdeical advise, Doctors, O.T., P.T. etc. Learn the childs needs, precautions to be taken and what objectives they have set.

3. Set your objectives for the child - what are the behaviors you want to develop in the child, be specific.

4. Begin the Stimulate - maximize awareness, get kids as close to naked as possible so they are tactually receptive. Be sure that all hearing aides and glasses are on and functioning. Don't compete with hunger or diaper rash. Be aware of the childs health needs.

5. Be aware of tolerance levels of these youngsters - too much stimulation can be detremental as too little. Special concern comes with the seizure prone kids.

Movement is so important to the young child. He will always be a crib kid unless he learns to move. P.T. can provide us with the knowledge of what has to be taught, but we as recreators have to find the fun and motivating techniques to teach the skill and motor development. Sitting, rolling, falling, crawling, balance, weight shift, and reflex building are all part of infant movement. Jon uses lights, sound and feel to motivate and reinforce the young childs movement. Bells and balls in the crib, water pillows, inflatable balls filled with rice, beach balls and mobiles are all used to encourage movement within the crib. Co-active movement is used outside of the crib along with bouncing on balls, rolling back and forth on balls, swinging and wrestling.

Infant stimulation is the childs first contact with his self and the world. If the child learns to feel, to use his sight and hearing to use his mind and his body at this early stage, then he will be ready to learn and develop to his fullest potential in his years to come.

Arts and Crafts

Objectives - fine motor development, sensory stimulation and socialization.

Most of deaf-blind children were not at a level to enjoy clay crayons, paper crafts of painting with a brush so.... Painting - a tactual and tasting experience. Finger painting, the old standby proved to be most fun. Use plastic coated paper or cover a table with plastic cloth that you can wash and use again. Use store bought paint or make your own with colored cornstarch solution and food coloring. How about painting with pudding of various flavors, or jelly, or p-nut butter of frosting? Change the feel and the look by adding oatmeal, macaroni or raisins. Why stick to painting paper? Lets paint faces, bodies and walls. Be prepared to hose off everyone involved.

Paper - Tear, crumple, throw, stuff bags, wrap things up. Toilet paper is fun, roll it out, wrap your friend like a mummy. Kids really work to get untangled.

Wood and Cardboard Carpentry - Our older boys loved to pound and saw. With help, one built a model bowling ramp. A pile of wood scraps and a hammer, no nails, provided him with hours of fun and fantasy. Building with cardboard is also fun. Tunnels. houses and what not can be made by cutting with a matt knife and fitting pieces together with slots and interlocking.

Lamp Design - Creating new light effects, making lamp shades out of tin plates, cardboard, old sieves etc. Our older light freaks really love this.

Music

We were very lucky to have two music therapists work with our program. Chris Buckley, the resident therapist, worked on a continual individualized program with three of the children. She worked with each child for half hour periods daily and in four weeks got them to respond to sound and music in some organized pattern which I found very meaningful to these children. Lucia Barker, a local music therapist, loaned us a bunch of rhythm instruments (bells, rattles, drums, tambourines, sticks, and cymbals along with an autoharp and a fabulous light box called the magic ear that responds to sound both by beat and tone with flashing colored lights. We used these instruments in our stimulation programs through out the day. Lucia came weekly to help us run group music therapy sessions that were very rewarding. Some of the activities that Chris and Lucia use are:

1. Beating out syllables of names with knee slapping and instruments, example - Hol-ly two beats on the knee, child may be patterned through.

2. Patterning beat to various rhythms - each child has an instrument to play to the beat of record or piano music.

3. Activity to music - blanket swing, dancing, knee bouncing or getting to reach or walk for a treat, all to music. When the music stops the motion stops. This teaches the first important concept of sound, that of sound versus silence, or off-on.

4. Listening - very important. Record player with detachable speaker that the kids can feel with their feet, hands, and face. Or how about lying on the piano and feeling those vibes.

5. Free play - plunk that piano, play the autoharp and have fun.

Co-Active Movement

Objective - to become aware of self, of movement, to learn by doing

Co-active movement is the method by which a deaf-blind child can learn to move. A sighted child needs only to watch another roll and with a few trials he too can roll. A deaf-blind child needs to be shown how to roll. To co-actively move through rolling you would hold the child on your stomach and roll with him. He is secure and begins to feel the motion and meaning of roll. The next step would be for you and the child to be lying side by side, rolling together as you push him along and cue him by touch and sound. Last you would only need to cue him by touch or sound and he would roll independently.

Dance and Movement

Objective - physical fitness, body awareness, language concepts, socialization

Many deaf-blind children are motion freaks. They love to spin hop, jump and dance around. They love to bounce on anything and to swing. Rocking horses and bouncing toys are hits. Blanket swinging is in great demand. Simple arm swinging and tossing a child up in the air is great recreation and can be used to teach language by asking the child to demand "Up" or to start and stop motion with music, a word and a sign. Walking and rolling on hills is good exercise and fun for all kids.

On a more structured level of movement, I utilized low level creative dance games with the children. We would stand or sit in a circle and imitate a motion to the beat of the music. Each child would take a turn being the leader even if we had to pattern him through the activity. Or we would play hot potatoe with a balloon, passing it to the music and when the music stopped you sure didn't want to be caught holding the balloon. Or we would march or walk to music, co-actively most of the time with our children. Records that I find best suited for children include the Activities Unlimited series, the Hap Palmer series and the Sesame Street records.

Water Play

Objective - sensory stimulation, body awareness, socialization

Whenever the kids were in the water, the sink, the showers, the wading pool, the hose or sprinkler - they played. Pots and pans, floating balls, soap suds, food coloring, bubbling straws, macaroni, oatmeal and different temperatures can all make water even more interesting and fun. Let the children control the hose, they love it. How about slip and slide? We used rubber matts down a slide or stairway greased down with soapy water, wow did we move.

Lights

Our kids were really light freaks. We were fortunate to find an old electrical wiring board that had three switches, two outlets and a door bell. I hooked up flashing colored lights, a de-bladed electric razor and a vibrator to the contraption. The kids learned to turn the switches on and off and to make the bell buzz and feel the vibration of both the shaver and vibrator. Each child was interested in a different switch or lever on the board. Before I found this gem I was going to make a similar set up. A simple two way outlet and two switches can be assembled and from this anything can happen. John had visions of a tunnel, a ladder or a maze through which the kids would move in order to get to the switches, I never got around to perfecting such a thing, but it is possible.

Relective aluminum provided fun with refraction and reflecting light and faces. The kids used the pieces I found to make their own light shows on walls or in their faces. Light is an important stimulation for these kids and we can expound on this factor and give them fun learning experiences with light.

Field Trips and Special Events

Constructive use of free time in the child's living stiuation is important to all children. The previous activities and ideas can be used within any home or school.

I feel very strongly that recreational experiences have to include many integrated opportunities for the deaf-blind child. He needs to be given opportunities to experience his community and the community needs to experience him. He needs "normalization" or opportunities to play and model after "normal" children if there is such a thing.

I spent two weeks prior to the program searching out people, places and resources that deal with recreation, children or the handicapped. I was extremely fortunate to find many beautiful loving people willing to give of their free time, money and energy in order to provide recreational experiences for our kids. Here's what we did....

Fun Forest - The Seattle Public Parks Special Populations Dept. funded a free day at the Seattle Center for all handicapped kids. We all went despite the rain. The roller coaster and a big plastic air bubble ride that you jumped in were most stimulating to the kids.

Horseback Riding - A local saddle club let us come and ride one evening. The kids experienced farm animals, smells, hay and dirt. At first many of our young riders were afraid but by the end of the evening I don't think we had one screamer. Each child enjoyed the night in a different way. Some liked to ride, others played in the sand, others explored the area. It was great fun for everyone.

Fourth of July Party - The retarded association's youth group gave our kids a fabulous party on the Fourth out at Pine Lake. We roasted hot dogs, ate watermellon and potatoe salad as is a must on such a holiday. They had row boat rides and motor boat rides for us. Our kids loved this tandum water bike that you peddled around the lake. When the sun left us, they provided us with our own private fireworks display right on the dock. Wow did the kids ever dig it, not one sleeper in the bunch even though it was late.

Pier 91, Stimulation Center - The retarded association also had a stimulation room that we were able to use. Slides, rocking and rolling boat, ladders, swings, tunnels and a HUGE water bed make up the center. Everyone loved the water bed, even the staff. It is wonderful to see young children that rarely move on their own struggle to counter the movement of the water bed, or to move in and among other loungers in the bed. The sun was out this afternoon and outdoor play and swinging is always a hit with these kids.

Woodland Park Zoo - We visited the zoo in hopes of feeling some animals in the petting zoo. Well there really weren't many to touch except a mama chicken and her chicks. The height of the day was a gooey p-nut butter picnic and watching all the kids play in the public wading pool, independently interacting with each other and all the kids at the pool. Frank, the great cook at the house, sent money along to buy balloons for kids, and these helium balloons tied to the kids wrists provided alot of movement and sight stimulation. Another super day with the kids that helped keep them happy as well as staff moral high.

Camping - We went to a beautiful camp in the city of Seattle - Camp Long. The children experience woods, animals, rocks, hills, water, sunshine, camp fires, wooden cabins and the great outdoors. The freedom they felt was reflected in their whole being. Kids were exploring, being more independent, moving around more, feeling more relaxed and happier than ever before observed during the program. We involved the kids in helping gather and chop wood, build fires, cook marshmallows, rock climbing, hill rolling, walking and hiking, tree climbing, water play, campfire socializing and singing, and sleeping warmly three to a bunk in the cozy log cabin. One of the best experiences for all involved.

Swimming - Once a week we went to a swim program offered for handicapped. The youngest children used a wonderfully heated wading pool. The others swam with many other children in the larger pool. Swimming is excellent therapy. It provides the child sensory stimulation. It provides a relaxing environment so important to our tense little ones. It frees the physically involved children of the burden of gravity thus enabling them to move and explore with new freedom. It provides good exercise and great socialization. Much learning can take place. Dressing and undressing skills, breathing and blowing techniques, fine and gross motor skills and language can all be incorporated in the fun and games played in and around the pool. Once a week was not often enough.

Socializing - We took the kids to parks close by often. The children at the park would come and play with our kids. It was great to be able to see this natural process of play happen. We let the kids take over and in no way interfered with their free play. The kids at the park keep asking for our kids to come back so it was a good experience for all the kids.

We also took the kids to the store, the ice cream parlor and to church when ever it was possible. These are all opportunities to be a part of the world that everyone needs including our deaf-blind population.

I invited a local nursery school to come and play with our kids at the house. These visits were great fun for everyone. We played simple games, had music and instrument fun, shared stories and snacks together. Social interaction comes slowly for our kids, but I saw the beginnings of parallel and group play and found that the added input of "normal" children expanded my selection of activities for the group and made me aware that our kids could be involved in group type situations and games if they had peers or staff to be involved with them.

Special Events - Parties are a part of every childs life. One Saturday a bunch of clowns came to visit us and were a hit with their animal balloons and a magic light bulb. We had many simple birthday celebrations, a Sickies Party, a couple puppet shows, a parent-child barbeque and a final Good-bye party. These events provide fun and excitement along with socialization. Simple relays, balloons, singing, entertainment, hats, awards, prizes, music, cake and ice cream, all those party things, make the day just that much more special for the deaf-blind child.

Recreation can be anything fun. It is always a learning opportunity. We must not say that the child can't or won't get anything out of it. We must learn not to expect the child to enjoy the activity for the same reasons as we do, or to show the same responses as we do. We must think of these children as being Children first, with deafblindness being only an adjective. These children have to learn to play. We have to provide them the opportunities and be willing to accept the fact that it is a human right to be able to take a chance, to fall and scrape a knee, to step in cow dung and to SMILE.

An Example One Week Schedule*

Monday

Group			Group		
A	Activity Make the train that has been started. Found in O.T. rm. The instructions are with the train near the blackboard. Please go over the wd. train first and look at the pictures.		D	Activity Strip them down to their underpants - wrap them up in the old wooly blanket found in the car, pull them around on it, rub with rough towel, rub with lotion.	
	Goal learn about means of transportation.	Response Good____ Bad____ Mediocre_		Goal tactile stimulation	Response Good____ Bad____ Mediocre_
B	Activity Play with our new red, rubber balls in the down stairs gr. rm. Try to teach them to bounce, throw, roll, catch, etc.		E	Activity Crawl through our newly repaired tunnels - do coactively if necessary.	
	Goal eye-hand coord. upper extremity coord., bilateral integration.	Response Good____ Bad____ Mediocre_		Goal spatial orientation	Response Good____ Bad____ Mediocre_
C	Activity The children have started a dimensional collage from old paper mache' and styrofoam shapes which they glue to a piece of cardboard. Try to group colors.			Activity	
	Goal manual dexterity, color discrimination	Response Good____ Bad____ Mediocre		Goal	Response Good____ Bad____ Mediocre

*Author Unknown

Tuesday

Group				Group			
A	Activity Finish the train started on Monday. You may want to play with it by carrying "cargo", adding details, setting up a track, etc.	Goal follow through from Monday	Response Good ____ Bad ____ Mediocre ____	D	Activity Have two children i.e. on a mat. Place another mat on top of them to form a "people sandwich". Have the remaining child roll over the others. Switch positions.	Goal tactile stimulation	Response Good ____ Bad ____ Mediocre ____
B	Activity Start making puppets. Cut sections of cardboard tubing - lay tape over ends for protection - i.e. tape goes inside to outside. Mix instant paper mache' and start applying to tube.	Goal identity of facial features, creative play, eventually used in imitation	Response Good ____ Bad ____ Mediocre ____	E	Activity Field trip to Shipe park to play on the equipment esp. merry-go-round.	Goal vestibular stimulation	Response Good ____ Bad ____ Mediocre ____
C	Activity Work on the matching boards which involve fabric swatches and geometric shapes - in O.T. rm.	Goal form, color and texture discrimination.	Response Good ____ Bad ____ Mediocre ____		Activity	Goal	Response Good ____ Bad ____ Mediocre ____

Wednesday

Group			Group		
A	**Activity** Take the toy train from the white hall cabinet and play with it - have the children set up the track in all different routes.		D	**Activity** Play with our new balls - try to teach them to roll back and forth - bounce, throw, sit on and roll, etc.	
	Goal follow through from Monday	**Response** Good ____ Bad ____ Mediocre __		**Goal** upper extremity coordination, aiming	**Response** Good ____ Bad ____ Mediocre __
B	**Activity** K, P work on puppets - try to finish faces and set aside to dry.		E	**Activity** K (try with P he might like it) Have two children lie on a mat. Place another mat on top of them to form a "people sandwich" Have the remaining child roll over the others. Switch.	
	Goal follow through from Tuesday	**Response** Good ____ Bad ____ Mediocre __		**Goal** tactile stimulation.	**Response** Good ____ Bad ____ Mediocre __
C	**Activity** Scooter board activity - put chairs in a row, backs facing inward - drape with old bed spread - have them go thru "tunnel" - lay on backs and propell themselves, try to twirl.			**Activity**	
	Goal motor planning postural integration	**Response** Good ____ Bad ____ Mediocre		**Goal**	**Response** Good ____ Bad ____ Mediocre

Thursday

Group	Activity	Goal	Response
A	**Activity** Make and walk on the juice can "stilts"	**Goal** gross motor coordination motor planning	**Response** Good ____ Bad ____ Mediocre ____
B	**Activity** Play a eye foot coordination game - lay Christmas tree lights in a circle - - children jump from inside to outside etc.	**Goal** eye-foot coordination	**Response** Good ____ Bad ____ Mediocre ____
C	**Activity** Motor development night with M	**Goal** Motor Development	**Response** Good ____ Bad ____ Mediocre
D	**Activity** Motor development night with M	**Goal** Motor development	**Response** Good ____ Bad ____ Mediocre ____
E	**Activity** Motor development night with M	**Goal** Motor Development	**Response** Good ____ Bad ____ Mediocre ____
	Activity	**Goal**	**Response** Good ____ Bad ____ Mediocre

Friday

Group	Activity	Goal	Response	Group	Activity	Goal	Response
A	Work puzzles	shape and form discriminate parts to a whole	Good ____ Bad ____ Mediocre ____	D	Scooter board activities - twirl, lay on back, lay on stomach, sit on knees, etc.	motor planning bilateral integration postural integration.	Good ____ Bad ____ Mediocre ____
B	Potatoe printing (in separate room from H's group)	eye hand coordination left-right sequencing	Good ____ Bad ____ Mediocre ____	E	Scooter board activities - do coactivities if necessary with P, Pa and C already familiar with use.	motor planning bilateral integration postual integration.	Good ____ Bad ____ Mediocre ____
C	Potatoe printing (in separate room from H's group)	eye hand coordination left-right sequencing	Good ____ Bad ____ Mediocre ____				Good ____ Bad ____ Mediocre ____

An Example Weekend Schedule

Saturday

	Upstairs Kids	Downstairs Kids
10:30-12:00	Please help the children fold white paper in half then squirt a gob of paint on one half & fold the other half on top - will make a design. This will be used to decorate the downstairs bulletin board.	Using sanding blocks sand the surface of the wooden plane that is in the parents' bedroom - do this in my old room.
1:30-3:00	Shop at Rooster Andrews for huge ball & rings - G has the money	Work on walking thru an obstacle course to be set up outside if possible.
3:30-5:00	Work on learning to ride tricycles and other riding toys.	Put up D's new basketball net on side of shed & play basketball.
Evening	Pull them around on old bedspreads - found in downstairs hall closet.	Take them to gas station to blow up the two broken inner tubes - bring back & patch.

Sunday

10:30-12:00	Tie tricycles, wagons, etc. together & go for a ride around the block.	Sunday School
1:30- thru dinner	Field trip to Natural Science Center & bag dinner at Deep Eddy Park afterward take large rubber balls to play with.	
Evening	Baths & play with frame equipment.	Walt Disney on TV

Therapeutic Play Facilities for Handicapped Children

by

Gene A. Hayes

Introduction

Play next to love, is the most important aspect in the formative stages of the child. Play is a serious and essential occupation, and to say that a child is only playing is to misunderstand the therapeutic and developmental elements in human growth. An infant who has not played enough will suffer from a deficiency disease just as surely as one who lacks enough milk to drink.

Normal children learn about the world through play. They begin by exploring the feel, taste and smell of different objects and gradually they being to use toys to represent real things. Play is generally assumed to be important to an infant's cognitive development.

Piaget (6, p. 173) believes that play permits the child to substitute an intellectual response through fantasy when he cannot make the response in reality. This allows the child to experiment with ways of coping with the world without risking defeat or jeopardizing his feelings of independence. He also believes that play helps a child to organize and retain information he has acquired in other situations.

According to Asher B. Etkes (3, p. 2) learning through play is one of life's most beneficial experiences for children, normal or handicapped. It inspires feelings of self reliance which strengthens the child for the part he will play one day in the real world. Only when the child can initiate games and follow his play visions to a satisfying conclusion will he begin to acquire spontaneity.

The function of play in childhood has been essentially misunderstood in the past. Surprising numbers of people still maintain that the primary function of play is to "let off steam" so that the child can return to the more important business of study and learning. Countless studies of how intelligence develops in children show that precisely the reverse is true - that play is the way in which children develop intelligence. To put it simply, play is a child's way of learning. (2, p. 23)

For many years children's play was thought to be little more than an expression of excess energy and good spirits, an activity that adults should indulge so that children would be better able to do serious work at home and at school. Their activities were not considered important, except as they impinged on the adult world; children, the saying went, should be seen and not heard. (2, p. 17)

The Traditional Play Facility

A most common justification given for the existence of play equipment like swings and slides is that they have always been used and they are popular items. This traditional rationale has generally been based, as Gramza (4, p. 1) points out, on a system of "hunch, intuition and scattered field observations."

Another fault of the typical playground is its total lack of anything to inspire the interest, curiousity or creativity of children. After a little swinging, sliding and seesawing, the ready-made opportunities for play are exhausted and more likely than not so is the child's patience. (2, p. 37) According to Dattner (2, p. 37) even a poorly designed playground is a learning experience for children, and what they learn becomes a part of the way they see the world around them and the persons who inhabit this world.

Anyone who has watched children in a variety of situations knows that they have a remarkable ability to initiate play around most any object, even those not normally considered as play objects.

Dattner (2, p. 33), in his book Design For Play says

> These little clients are, obviously, the most intimately affected by every aspect of the design - it is their interest, excitement, and curiosity that must be sustained and their personal safety that must be considered. But although they are the most deeply affected group of users, they are presently the least able to influence the design of their environment. Not only are children seldom consulted about these matters, but their needs are often completely forgotten when faciltities are being designed. The important decisions are made by another group at the other end of our specturm of users. It is as if children were supplied with shoes with absolute disregard for the size of their feet -- the size of the shoes having been determined by persons who would never have to wear them on the basis of what sizes were available.

Since it is known that play is actually a child's way of learning about himself, others and his environment, planners and administrators should not think in terms of athletic facilities when they think of playgrounds. The play facility possesses important learning potential and should be given as much consideration and priority as the school or academic facility.

The Therapeutic Play Facility

Handicapped children possess more similarities than dis-similarities to their non-handicapped peers. This is especially true in the realm of play. This does not imply that the handicapped or disabled youngster will not encounter difficulties or obstacles in his attempt to utilize a play facility. The handicapped may encounter various difficulties in perception, motion, etc., as well as architectural barriers, depending upon the nature of their disability. Many children are so severely limited as a result of their handicaps that most ordinary activities and experiences are not available to them within the typical play facility. However, the fact remains that to the extent of their individual abilities their patterns of play follow that of normal children. The expected outcome is the same for the handicapped as for the non-handicapped: individual growth and understanding of themselves and their environment and the potential for enjoyment and expression.

Richard Dattner (2, p. 109) "indicates that children with special problems need specially designed playground, but -- it cannot be repeated too often -- their essential requirements are the same as those of normal children. The environment in which they play must repond to that part of them which is healthy and capable, with help, of growth and development." As the children play, success should be built upon success resulting in greater confidence and self-esteem. The child should be helped to grow in pride, understanding, skill and learning which will better prepare him for adult life.

The Playground Corporation of America (5, p. 2) has found "that standard playground equipment like swings, slides, whirls and seesaws fail to provide the type of play mobility needed by the handicapped child. Not only is the child inhibited by the nature of conventional equipment in the formulation of creative play schemes, but their repetitious pendulum and cycling movements tend to be lulling and hypnotic." The type of activity fostered by the traditional apparatus mentioned above is regressive in nature and would be good if the objective is to enhance passivity and deny progressive development in the areas of motor, sensory and cognitive development and creativity. In addition to the regressive nature of the apparatus there is generally no coordinated or related pattern of placement of the objects within the play facility to allow a progression of graduated movement of the child from one area to another and from one piece of equipment to another, hence, the child is easily confused which may lead to failure and withdrawal.

Elements of a Therapeutic Play Facility

To be considered therapeutic a recreation or play facility should possess the following elements as discussed by Dattner (2, p. 47)

> A playground therefore should present a series of challenges, ranging from simple things that toddlers can master to ones that challenge older and more experienced children. There should be continuity, so that each always has the dual experience of having mastered some aspect of his environment while knowing that there are other aspects that he may still aspire to master.

In addition to the above mentioned considerations the play facility should provide as many of the real world experiences as possible for the participants. There should be potential experiences to enhance all of the senses and abilities. The sense of touch can be exercised by the appropriate use of various objects and surfaces, i.e. rough-smooth, light-heavy, soft-hard, wet-dry. Other senses and abilities such as smell, sight and sensory-motor and perceptual abilities can be stimulated in similar fashion. The environment can be altered to include a greater or lesser variety of potential experiences depending upon the needs of the children.

The growing awareness that objects have many properties -- that they can be classified in a variety of ways -- is a product of the child's activity with them. Through manipulation (touching, lifting, holding, arranging, sorting, etc.) the child begins to take note of similarities among the objects that are alike in some respects and different in others. (1, p. 356) Piaget (1, p. 362) sees the origins of conceptual thinking in these activities. Also, this construction of logical thinking, according to Piaget (1, p. 363), depends not only on the child's activity with natural things, but also his social interaction with other children. Children must then be provided an appropriate social atmosphere in which to experience strong and sound relationships.

There are two other very important considerations that must prevail for a play facility to provide therapeutic value. First, the objects within the play facility must be visually attractive and possess a continuum of intellectual challenges enough to provide its own motivation. Second, a child should receive sufficient reward and reinforcement through participating within the confines of the play facility to make external reward superfluous.

A word of caution must be mentioned before a therapeutic play facility is designed for handicapped children. Consultation should be held with medical staff and/or those who work with the children to assist in determing what activities would be most therapeutic and which might constitute potential danger. Doctors, nurses, physical, recreation and occupational therapist and special education teachers can furnish specific information relative to the children with whom they work that will aide in designing an appropriate therapeutic play or recreation facility.

Children Who Need A Therapeutic Play Facility

Centuries ago Michel de Montaigne said, "The games of children... are their most serious business." We know that play is the serious business of children. We know that the handicapped child, like other children, needs the opportunities for healthy growth promoting play. Children learn through play, yet little attention has been given this fact of childhood as a means of aiding the handicapped to develop. The child's vital need for successful social interaction and recreational experiences is frequently intensified by isolation resulting from parental over-protection, the numerous failure experiences and by his exclusion by normal groups of children from their everyday play, group and social activities.

In discussing playgrounds for exceptional children Dattner (2, p. 51) says

> For a trained person a well designed playground can be an efficient tool for helping children with special problems. Play can be used both to diagnose a child's difficulties and to help him with them. We can hardly expect most playgrounds to have either the facilities or the expert staff necessary to evaluate how a child reflects his unconscious feelings, but these are very important considerations in designing playgrounds for children with exceptional problems, whether emotional, physical or mental (or as is really the case, a combination of all of these).

It must be remembered that physical, emotional or mental problems seldom exist in isolation - often times there is overlapping. For instance, a physically handicapped child may well have some accompanying emotional difficulties; and a mentally retarded child may also suffer some impaired perceptual or motor ability or a degree of physical disability. The majority of handicapped children, especially those who are institutionalized, are confronted with more than one disabling problem. It is difficult, if not impossible, to isolate these problems and to treat them separately; the child as a total being must be considered and all problems worked with simultaneously.

A most important fact that must be kept in mind is that the child usually possesses some strengths or abilities. These abilities must be reinforced and developed. It is ability and not disability that counts and the major efforts whould be directed toward encouraging these qualities.

Classification of Handicapped Children

Broadly speaking the children who need the experience that can be attained through involvement in a therapeutic play or recreation facility can be classified into three groups: emotionally disturbed, physically handicapped and mentally retarded. There are literally hundreds of thousands of children of all ages who, because of some emotional, physical or mental impairment, are isolated form the mainstream of society; who are confined to public and private treatment, training or custodial facilities or institutions; who attend special schools for "exception" children; who attend special classes for "exceptional" children within the public shcool systems; who are confined to their homes under the watchful eyes of either over-protective parents or extremely guilt ridden parents who do not want society to know that "their" child is "crazy," "an Idiot" or "deformed." There are also many children who are functioning on a high borderline level or who, as of yet, have not been identified as having an emotional, behavioral, mental or physical problem for which they may need special consideration. All of these children need to become involved in the appropriate and adequate experiences that can be gained through formal and informal, structured and spontaneous involvement and interaction programmed through a therapeutic play facility.

It may be of some help to very briefly define some of the types of illnesses or disabilities many children suffer and for whom special consideration may need to be given in the development of a therapeutic play facility.

I. Emotionally Disturbed Children

The emotionally disturbed or emotionally unstable is a nonspecific descriptive term which is sometimes used to describe a group of disorders which are more serious than transient situational disturbances and less serious than psychoses, neuroses and personality disorders. Emotional instability may be a feature of any type of personality, including the relatively normal.

One difference between the emotionally disturbed child and the physically handicapped (as well as some retarded) is that these children have full use of their bodies, with few exceptions. Their greatest problems are in the areas of judgment and perception. They may misjudge their abilities and limitations and mistake wishes and fantasies for reality; they may have a distorted image of time, space and their own bodies. Since these children most often seem to exaggerate reality the objects within the play facility and the types of activities generated should be reality oriented and extremes of all kinds be avoided as much as possible. For the emotionally disturbed child Dattner (2, p. 115) says, "Like all children, the emotionally disturbed need play facilities where they can learn about the physical world and themselves safely by means of graduated challenges and the opportunities to master new experiences. However, it is particularly important that the environment be reassuring and unambiguous." It can be safely assumed that any piece of equipment or object that presents a problem to a normal child this problem will be greatly enlarged to the emotionally disturbed child. There are many forms of emotional disturbance just as there are many forms of physical disability and mental retardation.

II. The Physically Handicapped Child

A. Blindness and Partial Sightedness

Individuals are classified as blind if they have a vision of 20/200 or less in the better eye with the best possible correction. This means that blind children will have varying degrees of vision - from total blindness to being able to travel without assistance.

While learning to go about independently is of prime importance to the blind child, he nevertheless needs time to feel his way. Helping too quickly or doing for him may rob him of the chance to become independent and the opportunity for self-expression.

B. Cardiac Conditions

Most heart diseases are the result of defects and malfunctions of other organs or systems which indirectly affect the structure and function of the heart tissue. There are many causes of heart disease and those which are most prevalent in youth include: congential heart defects and rheumatic heart disease resulting from Rheumatic Fever.

In working with children with cardiac conditions we should remember that it is desirable to have them lead as normal a life as possible and that youthful hearts have considerable reserve power. When a cardiac child is involved in the play facility a clear understanding must be obtained from the doctor regarding the amount of activity permissible, precautions and restrictions. Cardiac children should be protected against over-excitement, and should rest when fatigued.

C. Cerebral Palsy

Cerebral means related to the brain and the word palsy implies a lack of muscle control. Cerebral palsy, then, is a complex disability resulting from damage to the human brain before, during or after birth. There are many subclassifications of cerebral palsy and various etiological factors. Many cerebral palsy children are of normal or above normal intelligence and are capable of leading useful and relatively independent lives.

For the cerebral palsy children the activities of daily living, those activities which most people perform daily without thought, such as the mechanics of dressing, eating, walking, turning on a light switch, are important parts of the child's rehabilitation program. Activities which emphasize similar mechanics and motions as those mentioned in connection with the activities of daily living should be part of the therapeutic play facility. Also, it is important to remember that a relaxed child will be able to perform much better than a child who is tense, trying to hard or too excited.

D. Deafness and Hearing Loss

The deaf cannot hear sufficiently for ordinary purposes of daily life. The hard-of-hearing, with difficulty, can hear. With suitable precautions and adjustments, both can participate in most activities.

Because of the fact that deafness, cardiac conditions and epilepsy are "non-visible" handicapping conditions, these children often require special tact and patience from those working with them.

E. Epilepsy

The word epilepsy is derived from the Greek word meaning seizure. The seizures themselves are not a disease, but are symptoms of other disorders. They may result from any of a variety of disorders affecting the body or the brain. The most common types of epilepsy are Petit Mal, Grand Mal, Psychomotor Attacks, and Jacksonian Seizures. Most individuals who have epilepsy have their seizures under control with medication.

F. Legg-Perthes Disease

This is a condition characterized by deformity and fragmentation of the end of the bone. In Legg-Perthes Disease this deformity affects the head of the femur (thigh bone). It is a hip condition which is self-limiting, occuring in children between the ages of five and ten years. The disease process is one to five years and occurs more frequently in boys than girls.

G. Muscular Dystrophy

This is a chronic, noncontagious, progressive disease manifested by weakness and wasting of the voluntary muscles with eventual involvement of the entire muscle system. Its cause is unknown and there is no known cure. Muscle deterioration progresses until the individual is completely helpless.

Depending on the pregress and stage of the disease the child may be ambulatory or confined to a wheelchair. The ambulatory child may have difficulty in walking, climbing stairs, and getting up from a fall or from a sitting position. A peculiar side-to-side waddling gait may be noticed and there is an increase in the size of the affected muscles.

H. Spina Bifida

This is a congential defect in the development of the spine which may occur in any part of the spine but more frequently the site of involvement is the lumbrosacral region (lowest bone of the spine).

All motor and sensory neurons below the level of the defect are involved and there may be complete or partial paralysis of the lower extremities and loss of sensation. Loss of bowel and bladder control may also be associated with this condition. With the loss of pain sensation children with spina bifida do not feel friction of braces, chafing, trophic ulcers, so careful inspection should be given to note any redness in possible friction areas.

From the partial listing of types of illness, diseases and disabilities that children may suffer it can easily be seen that children suffering the various conditions will have needs which will necessitate goals and objectives of a specific nature. For example, a child who is blind will require certain kinds of considerations which will differ from those required by a child who had muscular dystrophy. It is, therefore, difficult to list specific goals and objectives of a therapeutic play facility which will be generic to all handicapped children.

Suffice it to say, at this point, that the goals of rehabilitation for the physically handicapped would include stabilization of existing abilities, developing and strengthening abilities that are not fully developed or that have suffered some deterioration or atrophy and providing opportunities to develop alternate skills or abilities to replace those that have been irreparably damaged or lost.

III. The Mentally Retarded Child

The retarded child can be described in terms of his subaverage intellectual development which occured during his developmental period and is accompanied by his inability to adapt appropriately to his environment. It must be remembered that the retarded child has a mental age lower that than of his real or chronological age.

Because a child is mentally retarded this does not necessarily mean that he is also motorically retarded. There is a general rule of thumb, however, that states the lower the intellectual functioning level of the child the higher the probability of more severely limiting physical or neurological disability the child will suffer.

Both the mental age and the chronological age must be considered in planning play facilities for the mentally retarded. It is important not to design, plan or program facilities or activities that are inappropriate for the chronological age of the individual on the other hand opportunities must be provided for graduated success in activities.

Because there are many different levels of retardation based upon more than one hundred known and countless other unknown etiologies there will be varying goals and objectives for the retarded of various ages and those individuals classified at different intellectual and adaptive behavioral levels. The characteristics of mentally retarded children and the goals and objectives for specific groups of retarded children must be discovered and considered carefully when planning a therapeutic play facility for this group.

Considerations In Planning A Therapeutic Play Facility

In considering the values and benefits of a therapeutic play facility for handicapped children the following skill and learning abilitites will serve as an example of what should be planned for in the design and development of such a facility:

1. Gross Motor Development
   - A. Definition: The development and awareness of large muscle activity.
   - B. Suggested Goals: Rolling, crawling, walking, throwing, skipping and self-awareness abilities should be stressed.

2. Physical Fitness
   - A. Definition: Improvement of general physical condition both physiologically and psychologically.
   - B. Suggested Goals: Increase the degree of strength, flexibility, balance, endurance, speed and coordination.

3. Sensory Motor Integration
   - A. Definition: The psychophysical integration of fine and gross motor activity.
   - B. Suggested Goals: Balance and rhythm involving gross and fine motor movements, time orientation, develop sensory-motor contact with the environment, directionality.

4. Perceptual Motor Skills
   - A. Definition: The functional utilization of primary auditory, visual, and visual-motor skills.
   - B. Suggested Goals: Develop abilities to: receive auditory stimuli, understand spoken words, retain and recall information, observe and accurately identify objects, coordinate fine movements in eye-hand tasks.

5. Social Interaction Skills
   - A. Definition: The skills involved in social interaction and social problems.
   - B. Suggested Goals: Ability to get along with peers, increase range of social interactions, social maturity, decision making abilities.

6. Conceptual Skills
   - A. Definition: The functional level of concept attainment and general reasoning ability.
   - B. Suggested Goals: Develop number concepts, arithmetic concept (add, subtract, etc.), ability to utilize general information, ability to identify and classify objects in the environment.

7. Emotional Responsiveness
   A. Definition: Freedom to express any affective feeling or emotion without fear of retribution.
   B. Suggested Goals: Develop feeling of freedom of being happy, angry, sad, to laugh, cry, or express friendliness either verbally or non-verbally.

8. Language Development
   A. Definition: The current functional stage of total psycholinguistic development.
   B. Suggested Goals: Develop ability to understand words, ability to express oneself verbally, develop comprehension.

Some of the general purposes of play for the handicapped child are the release of energy and tension in a constructive way, providing opportunities for the development of skills which bring about a sense of accomplishment, creating interest in new activities and endeavors and providing opportunities for strengthening and developing the child physically, mentally and emotionally.

Integration of Handicapped and Non-Handicapped Children in the Play Facility

Mr. Oscar Schisgall (7, p. 120) concluded, with the following paragraph, an article entitled "Parents' Guide to Child's Play" which he wrote for the magazine section of the New York Times

> For a child the art of play is really the art of living. Play fills about 3500 of the 8760 hours in a year. To deny him the right of play leaves almost his life in a vacuum. It must never be forgotten that children must be encouraged to learn as they experiment, as they question, as they imitate. Play is the area in which children practice life's skills.

Handicapped children will have more than the 3500 hours referred to by Mr. Schisgall for play because they have a great deal of enforced free time thrust upon them. However, they are denied the right to participate in a adequate amount of "play" hours, and they are denied the right to encouragement and instruction in the procedures of play. Most handicapped children are further isolated and handicapped by negative or limited social developmental experiences which leads to social retardation.

It is believed that through the types of experiences the handicapped child could encounter during an integrated play or recreational experience the gap created by the lack of adequate play and social developmental experiences could be narrowed. The integrated play facility would expose the handicapped children to realistic social goals, expectations and behaviors and they would be expected to function accordingly. Also, the non-handicapped children would be exposed to their handicapped peers which would help in achieving community and individual understanding that the handicapped are more similar than dis-similar to the "normal" individuals of society. This would hopefully increase everyones awareness that the handicapped child is first of all an individual and secondly, an individual with a particular handicap or limitation.

In conclusion, one thing must be remembered: PLAY IS PERFECT - IT IS NOT PERFECTION!

FOOTNOTES

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5. Playground Corporation of America. The Handicapped Child, The Playscape...and The Instructor. Playground Corporation of America. Long Island City, New York, 1969.

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Types of Recreational Play Spaces for Handicapped Children*
by
Richard Austin

A. Motor Development Unit

1. An environment designed for the teaching of specific motor skills to a selected group of handicapped children.

2. Should be composed of several individual (interconnected) experience units designed to relate a variety of motor experiences.

3. Should have controlled approaches, and tightly controlled inner circulation in order to properly confront the child with the right type of experience in the proper sequence. Specific direction of the child into, away from, and within the unit is mandatory.

4. Requires supervision by a qualified individual.

B. Therapeutic-Play Unit

1. An environment designed for the general therapeutic value it offers the child.

2. Should be composed of several interconnected experiences available through creative/abstract apparatus.

3. Circulation to and from the area may be more relaxed, but circulation within the space should be tightly controlled.

4. Supportive personnel are important to the success of the unit.

C. Free-Play Unit

1. An environment designed with experiences encompassing both educational and therapeutic values.

2. Circulation should be controlled at individual experience units, with a free evaluation of challenges by the child at his own scale.

3. Minimum supervision required.

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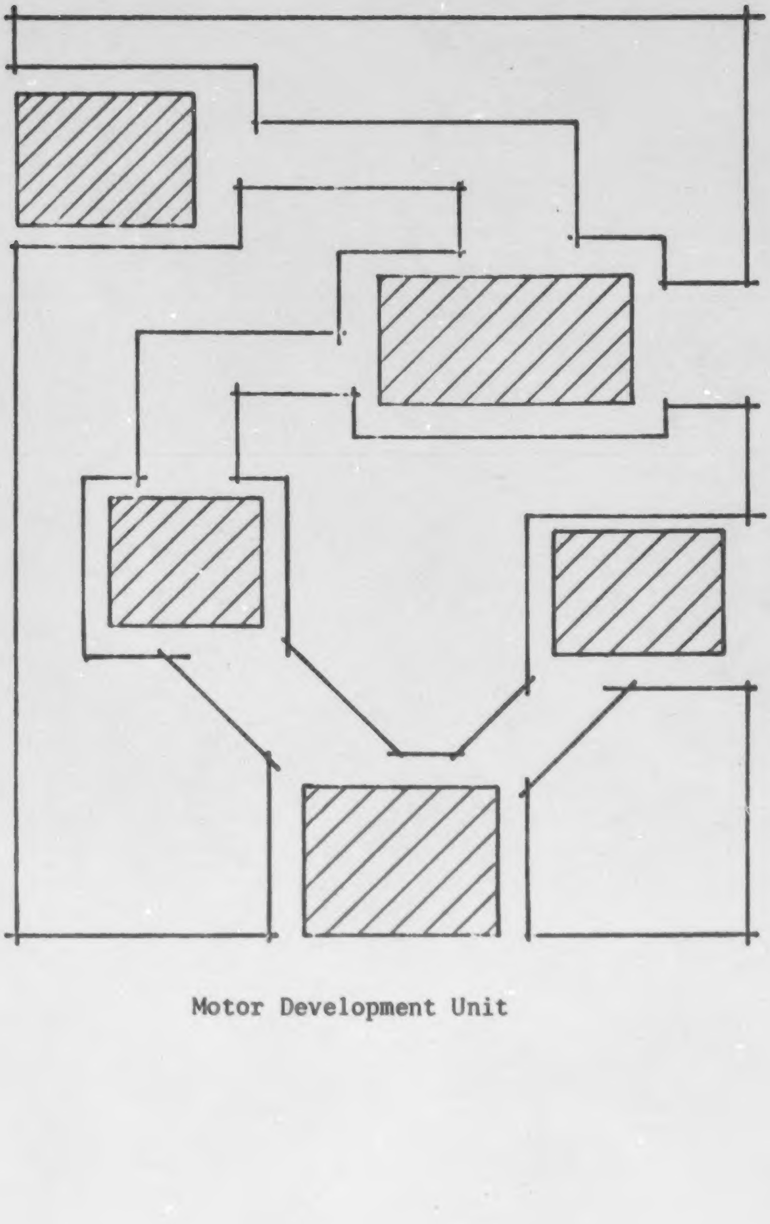
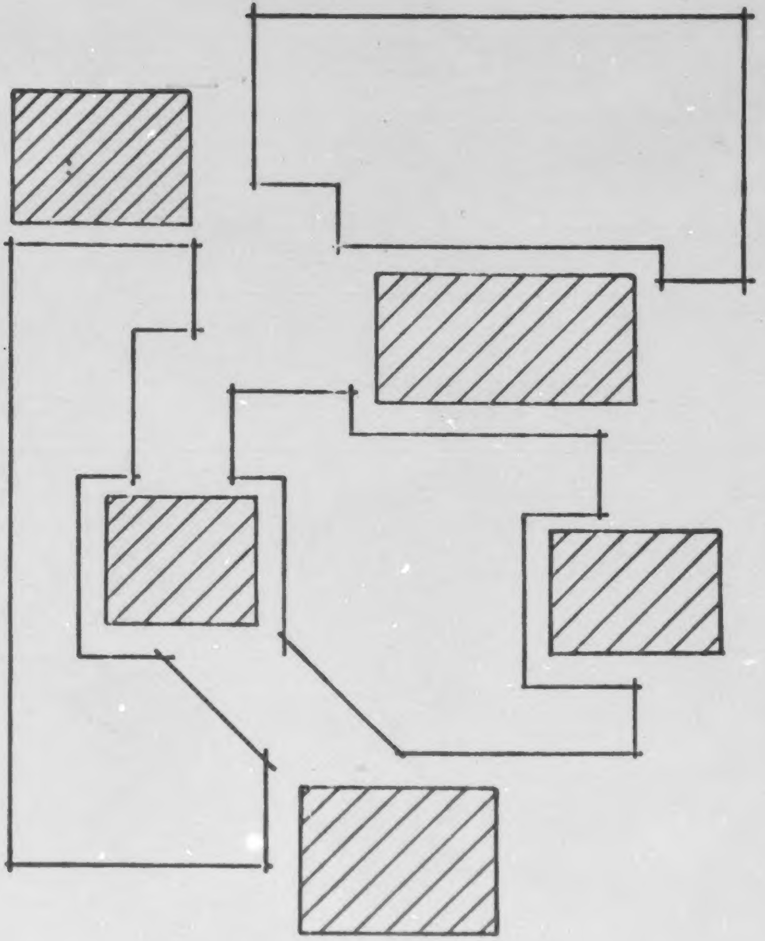
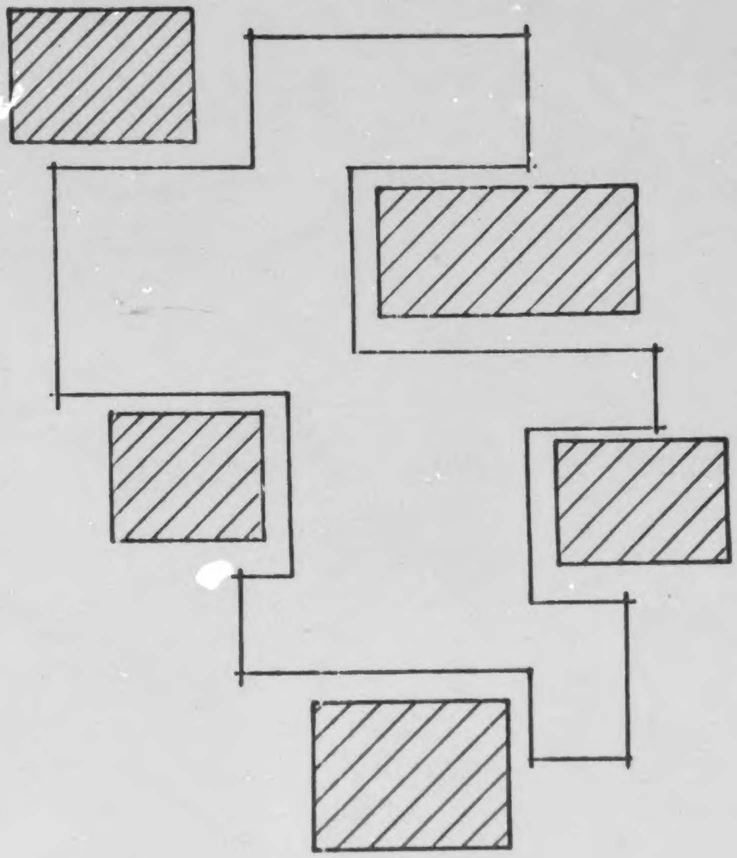


Motor Development Unit



Therapeutic-Play Unit



Free-Play Unit

Report on Study Group - Adults Programs
Vera H. Schiller - Leader

The hope was expressed that each of the participants in the Institute would regard himself as an advocate for the Recreation needs of the Adult Deaf-Blind population.

A large proportion of deaf-blind adults have reached adulthood as deaf, seeing individuals. As they begin to lose vision, many of their former living patterns are severely disrupted, their sense of independence shattered, and their self-confidence shaken. If, through recreation programs, they can be helped to cope with these changes they can frequently be encouraged toward the next steps in rehabilitation. For older deaf people who become blind, the need to reach out and locate them was stressed since many are unable to ask for services or locate appropriate resources.

Throughout the country there are many deaf-blind adults who are leading full and satisfying lives; maintaining their homes; working at productive jobs; enjoying valued leisure time activities. This human resource has much to offer the "professional" by way of guidance and should be given an important role in the development of new programs.

Regional Representatives of the National Center for Deaf-Blind Youths and Adults are available to establish contacts between known deaf-blind adults and the professionals who can learn from them.

Notes

National Center is a halfway house and has vocational training funded through vocational rehabilitation.

There are a large number of deaf-blind adults beyond vocational rehabilitation age. Many of the adults are fifty year old deaf who then become blind.

Some of the medical problems are cataracts, glaucoma, diabetic retinopathy, Usher's Syndrome, developmental cataracts over central vision. These problems affect 50% deaf-blind adults known to us. Late adolescence and early adulthood are times to lose peripheral fields of vision. Retinitis pigmantosis is one disability, It is genetically transmitted. Eye exams are essential for every deaf or hearing impaired person. Also hearing checks are needed for visually impaired.

They use their fingers to print, paint, and move. Deaf people that have loss of vision feel completely destroyed. They develop their own sign, non-standard. In group homes many just sit. They need interpretation services.

More advocates are needed for Deaf-Blind persons.

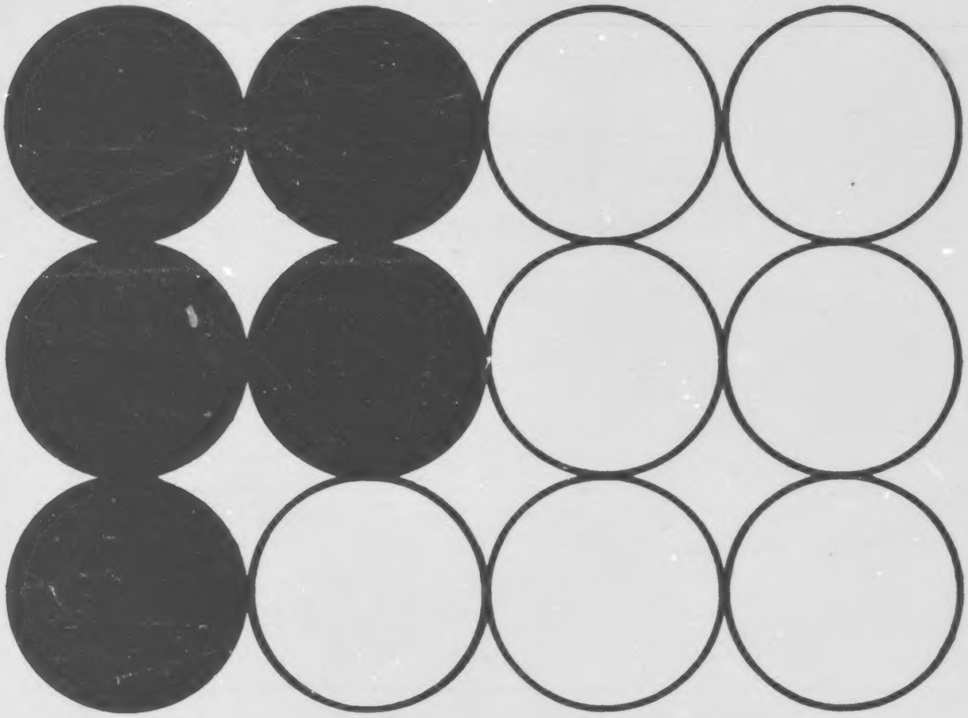
Summer programs are needed. There is a continuing need to solve transportation problems.

What can be offered -
- Summer camp program
- Bowling, swimming, boat, horseback riding, relay races, games
- Bring in young volunteers who know signing

Start thinking of the older person who is lost without some intervention or assistance.

Help social agencies become aware of Deaf-Blind.
They must be reached through:
- Deaf-Blind Centers in cooperation with NTRS
- Work Study Programs
- Summer student volunteers, paid experienced workers.

CHAPTER V. ACTIVITIES



The recreation and leisure activities presented in this chapter represent the modification and consideration by a variety of experts, practitioners and workers to provide these services to the deaf-blind. This material can be used by the direct service worker, program developer or other professionals in service to deaf-blind to provide recreation activities within each unique setting. Some activities may need further modification according to needs. This modification is the key to individualized treatment and service and is always a part of providing the best program to the deaf-blind person. Therefore this material should not be viewed as the only way or best way but one of many ways of providing recreation activities.

Aquatics and Swimming

by

Charles S. Dougherty

Introduction

The value of recreation and particularly physical education is significant to the child who is deaf-blind. For a disability that provides extreme limitations and handicapping conditions, recreation and swimming is a flexible medium for learning. Learning is made possible in several contexts: social and emotional growth and development; interaction with the world and its environment; developing and enhancing communicative skills; obviously motor development and skills; and provides opportunities to prepare them for further rehabilitative processes and goals.

Recreation and swimming can also provide an interacting situation to more adequately diagnose and assess individuals than would be otherwise possible through other types of typical counseling situations. Motor behavior sometimes often reflects an individual's personality more than does other traditional methods of assessment.

State of Purpose

This paper will examine some major considerations for working with the deaf-blind child in recreation aquatic activity particularly. For the purpose of this paper, these considerations shall be divided into three areas: 1) social and emotional considerations; 2) motor learning processes; 3) medical considerations; and, 4) leadership techniques in the teaching of swimming skills.

Social and Emotional Considerations

Like any other disabling conditions, deaf-blindness has its accompanying social-emotional conditions. In deaf-blindness, this factor may be heightened due to the forced physical isolation from contact with the outside world. Due to the loss of the visual and auditory senses, the child will have limited social interaction and will result in delayed emotional-social-interpersonal interaction development. This restriction of opportunities for satisfying group or social experiences may very well inhibit their senses of well-being and the basic need of belonging.

Interaction in a physical education or recreation program will heighten awareness and sensitivity to other people and to the deaf-blind child's needs. It furthers opportunities for the development of communicative skills and for feedback on behavioral and interaction processes.

Body Image and Self-Concept

Important to social-emotional development of children are the development of body image and self-concept. The deaf-blind child experiences the difficulty of developing the ability to perceive himself and other objects as permanent entities and being capable of imitation. In typical children, body imagery develops as the ability to use their body as it develops (Piaget, 1954). Self-concept is a person's feelings, knowledge and reactions towards his being -- physical, emotional, social and intellectual. Psychologists speak of self-concept and self-awareness as resulting from an individual's interaction with his environment. They see self-concept as a set of tendencies to behave in a particular way resulting from a person's experiences.

The deaf-blind child cannot develop body-image and self-concept as easily as the normal child, because he has a combination of handicaps which make even these basic tasks inordinately difficult. The child's deaf-blindness causes his development to be arrested at the primative level of sensation. His sensory handicaps greatly limit his awareness through which he can receive the information which he needs in order to develop these concepts. His condition is one of sensory deprivation from birth. He does not respond to stimulae in the normal way so he is also likely to be ignored by his family and siblings, thus resulting in even further deprivation. Research has shown various effects in behavior and personality as a result of isolation and deprivation. Even with minimum periods of isolation and deprivation there are significant changes and alterations in behavior.

Typical Reactions to New Stimulae

Children who have experienced prolonged isolation and deprivation are likely to exhibit the behaviors of inappropriate fear, reacting with withdrawal, becoming hyperexcitable, and even severe emotional upset. The exact manner in which the child will react will, of course, be individual according to many variables such as frequency of previous environment changes, amount of previous stimulae, parental care, and general previous experiences the child has encountered. Parental rejection or minimal stimulation can result in creating autistic tendencies in the child. Mental retardation could also be very well associated with or even caused by the initial causal factors. Caution should be exercised in assuming or diagnosing mental retardation, due to the difficulty of eliciting responses from deaf-blind children.

Deaf-blind children are not usually physically handled as much as normal children. Physical handling is extremely important in the development of infants. Therefore, infrequently handled children are less likely to exhibit exploratory behavior than they might if they had been handled. Stimulation of the other senses would be helpful in working on this problem.

Motor Development and Learning Sequence

In all children there is a progression of skill and motor development following a similar general sequence pattern. Generally handicapped children will develop in same sequence but probably at a later age milestones and/or in a delayed developmental pattern, i.e., the period of development through each phase may take a longer preiod of time. However, each step in the motor development sequence will be developed in the same order. These general steps are: 1) body awareness and spatial relationships; 2) use of fundamental movements; and 3) use of small objects and equipment.

Body Awareness and Spatial Relationships

This initial period of motor development involves the child learning to explore and observe himself and others. The child learns to identify the parts of his body, their limitations, capabilities, and parameters. The child also learns to relate to his body and his body's position to other objects and spaces. He learns the concepts of up, down, over, around, through, on top of, under, left, right, bottom, in front of, behind, foreward, backward, and can identify the same positions and relative positions of others and other objects.

Fundamental Movement

The child begins to learn to move his body and use a variety of movements in this category. This movement can be categorized into: 1) stationary body movements (e.g., bending, stretching, pushing, pulling, lift, lower, rise, fall, sway, swing); 2) locomotion motor patterns (such as walking, skipping, jumping, running, sliding, creeping, crawling, rolling and finally running); 3) balance, both static and dynamic balance. These motor abilities involve standing on one foot, kneeling, hopping, balance while walking and on a straight line, balance while walking on a circle, on balance beam, or a balance board; 4) coordination between various body parts such as eye-hand, eye-foot, mouth-hand (for eating), hand-foot (tying shoes) and auditory-foot and hand; 5) gross motor patterns using large muscle movements; and 6) fine motor involving printing, nailing, painting, and pegboard work.

Use of Small Objects and Equipment

In the third and final set of sequenced motor activities the child learns to use simple objects and equipment. This involves propelling and receiving objects.

Propelling Objects. Examples of these movements might involve kicking a ball, throwing a bean bag, bouncing a ball, and jumps onto an inner tube. This would also include using a bat to strike a ball.

Receiving Objects. This means catching a ball, stopping a ball or object moving in the same or opposite direction, stopping a swaying rope or otherwise changes the direction or movement of the objects in motion.

All these movements can be increased in difficulty by limiting time, size, and sophisticating the variables involved in the movement. Usually increasing difficulty would be involved in sequencing to build development.

Neck Muscle Weakness

Weakness of neck muscles is shown as common problem in children with sensory integrative processes, therefore attention should be given to the development of cervical muscles to aid vestibular input which helps activate postural responses vis-a-vis "righting reflexes" and orientation to gravity.

The Second Dimension of Motor Learning

In addition to the well-known progressional sequence of motor development (e.g., body awareness -- spatial relationships -- body movement (locomotion); balance, coordination, gross motor, etc.) -- Use of equipment and objects (e.g., propelling and receiving) these is a second dimension very apparent in children with visual and visual-auditory handicaps. This is:

1. Co-active movement -- the therapist moves with the child, performing exactly the same movements; doing things with the child.

2. Non-representational reference -- symbols, words and gestures are not used. Objects are presented to the child for him to respond to.

3. Imitation -- a reflective attitudel In this stage the child performs a movement often the therapist has performed it, by imitating the movement. These are two types of imitation:

   a. Symmetrical -- this is the mirror image of the imitative movement.

   b. Assymetrical -- the opposite of mirror imagery.

When the imitative stage is transferred to a drawing activity it takes on a more abstract and symbolic quality which is then a sign of reflective thinking.

4. Natural gesture -- an object is to a child what he can do with it (i.e., concept development is based on the internalized activity, the motor patterns reacting to an object, not just the tactual sensations.

Therefore, we should show the child what a natural gesture reaction is for any particular object; then show him the gesture before presenting him with the object. Eventually he may anticipate the object after the gestures are formed. It is this anticipation and hopefully the performance of the gestures on his own initiation that he will learn to understand as an expression of desire for the object. This is the beginning of communication.

  a. Decontextualization -- using the natural gesture in a place other than where he learned it.

  b. Denaturalization -- when the child drops the full gesture and abbreviates the movement.

Needed: A Third Dimension

In deaf-blind children, as well as with other handicapped children, there is a third dimension characterizing motor learning. This dimension is ATTITUDE. Children exhibit different types of attitude where presented with motor problems. There may well be a sequence or some order to this dimension. The elements consist of:

1. first becoming aware of the movement.

2. trial and/or avoidance of the motor task or movement.

3. acceptance vs rejection; acceptance and rejection can be passive or aggerssive.

4. participatory attitude

   a. apathetic participation
   b. coerced or feeling of forced participation
   c. possitive and dynamic participation.

5. Finally the attitude that prevails after the therapist leaves

   a. continued participation, self-motivating and exploratory and anxious for the next task or sequential stage.

   b. relief that the task is completed and now avoids any further movement of that type.

This is only a partial sketch and it is realized that attitude is tied in quite closely to personality and other psycho-sociological factors. It is a dimension, however, that warrants further attention, consideration, research, and development.

Further Considerations of Sensory Functioning

Due to the lack of observed use of tactile, kinesthetic, gustatory, and olfactory systems in deaf-blind children, researchers in Stein and Green (1972) suggest that in these children (deaf-blind) integrative learning is not spontaneously developed even at the lowest level." Because of this, it is recommended that the first concern be the organization of the child's environment. The child's organization of the enviornment begins with the organization of vestibular information.

Neuronanatomical research indicates that input over the tactile and vestibular systems frequently converges with the auditory and visual input at many areas of the brain, including individual neurons. It is this development that leads to the evolution of other sensory systems and the loss of any sensory organ receptor never entirely loses its dependence upon the earlier functions out of which they evolved. Thus, sensory systems are interdependent (Bergeijk, 1967). For this reason, it has been shown by Ayres that stimulation even to the dysfunctioning sensory receptive organs can have a significant influence on the development of the other sensory systems (Ayres, 1973).

Ayres (1973) demonstrated significant gains in the cognitive operations of children with learning problems after receiving remedial work to enhance sensory integration through increased stimulation of the non-dysfunctioning sensory organs. This gain was attributed in part to helping the other sensory systems toward a normal functioning as is possible.

Ayres (1973) further suggests that in the sensory perceptive or integrative processes there exists a developmental sequence analogous to that in motor development. He also states that not only do the sensory systems interact during the developmental stage, but they interact during all activity. A certain degree of alertness is required for auditory and visual perception and to maintain cognitive processes. This alertness is largely a function of the reticular arousal system in the brain stem. The reticular arousal system is constantly activated ty sensations from the body. (Fox, 1965)

Feldenbrais (1949) observed that there is no isolated sensory experience. All sensations enter the brain upon a background of posture (or position), and it is the vestibular system that coordinates the incoming information with the constant flow of sensory information from the body. In addition to this unifying effect, there appears to be a particularly close association between the vestibular and auditory systems. For these reasons the vestibular system has particular significance for the deaf-blind child.

Any activity the requires that a child balance himself is demanding an adaptive response to vestibular stimulation, for as soon as his center of gravity is changed, the vestibular system sends a message to the brain asking it to correct the child's posture so he will not fall.

Vestibular Stimulation

Three types of vestibular stimulation:

1. That resulting from the earth's gravitational force;
2. That imposed passively upon the child;
3. and that which disturbs the child's equilibrium or posture and to which the child should respond with a balancing or equilibrium reaction.

Deaf-blind children enjoy "spinning" or stimulation of the vestibular systems. This positive response to this type of activity should be encouraged to further stimulate input into the integrative processes of the vestibular system. Clinical observations of deaf-blind children who desire this type of stimulation respond more effectively to subsequent activity procedures.

Implications then for motor learning in aquatic activity then would indicate that in order to evoke greater response from a deaf-blind child, the instructor could activate the vestibular system by a variety of movements which stimulate the sensory input to that system. Such movements could be tossing, turning, pulling through the water, rolling, bobbing, and other quick movements creating body sensations. Caution should be exercised however in not creating a fear reaction in the child. Movement should be performed to reassure the child's security.

However, it is not just sensory stimulation aone that is needed by the child, but the ability to organize these sensations. Organization of stimuli occures best when the child responds to them. Thus a child lying on a trampoline while someone bounces it is not gaining as much from it as he would if he were on his hands and knees trying to maintain his balance.

Communication

In communicating with the child, hold him close so he can feel the vibrations of your voice when you speak. Use short simple phrases. In swimming for example, you could say "let's splash" as you splash the water, "move your legs" as you move his legs to imitate the swimming kick. If the child is close, he may feel the vibrations of your voice and may learn to recognize or discriminate between sounds. Also, if the child's ear is next to your mouth, he can feel your breath as you speak. Deaf-blind children also may want to feel your mouth and tongue as you speak or touch your throat to feel the voice vibrations. Use the simple words, in the water to indicate your movements and directions (Robbins, 1973).

Swimming Skill Development

Early Training

It is recommended that deaf-blind children begin swimming lessons as early as possible. Training can even begin at home. The mother, or other family member, can start by utilizing the sink or bath tub in developing "Water adjustment." This stage helps with overcoming any fear the child may have of water. Without this early training, teachers report that as the child becomes older, it becomes more and more difficult to make adjustments and accept the water medium as a natural environment.

Initial Stages

If the child has not had the early home water adjustment then this should be the first stage in the series of teaching. As with most children, but of particular importance to the deaf-blind child, is the water adjustment.

Trust Relationships. Even preceding the period of water adjustment should be the stage of developing rapport between the instructor and the child. This is critical. Without a trust relationship, the child will have fears and anxieties blocking any attempts the instructor would make in teaching.

Teaching Sequence Exception. Actually, the teaching sequence or skill progression is exactly the same as with any typical young child. The exception is that after the deaf-blind child usually does not like to place his/her face in the water. Therefore, bubbling may be difficult or avoided. The other exception, related to this problem, is floating face down. A recommendation would be to skip this stage and substitute a back float.

Security. After deaf-blind children adjust to the water and accept the activity, they will develop special fondness for it. It seems to offer them a form of physical security. This is partially due to the fact that deaf-blind children are late in motor development and may have trouble with hand locomotor behavior. Water offers a more suitable enviornment which enables them to stand and walk unaided due to support water affords. Remember that skill is not the first objective, but rather, comfort, relaxation, and security.

Directionality. Because the deaf-blind child has loss of two sensory finders, directionality becomes difficult and therefore an important issue. They will feel more secure if they can feel the bottom of the pool. If the water is too deep, then use a heavy chair that can be put into the water for them to stand om.

They should also be oriented to the pool's dimension. A conceptualization of its width and breadth helps with the development of their spatial relationships. Such things are distance around, across, from the center, to the bottom, and to the ladder are important reference points for them to be aware of.

Leg Development. An important objective in swimming for the deaf-blind is the development of leg muscles. Deaf-blind children usually are late walkers and late in developing walking and other locomotor skills; because of the support water gives and the therapeutic effect this activity has, it can be utilized to develop leg muscles. Therefore, much attention should be given to developing swim kicking, leg splashing, and other exercises which will cause leg development.

Stimulation. As discussed in the previous section, stimulation provides a necessary element in the growth and development of the deaf-blind child. Activities which provide this stimulation are turning and rolling the child around in the pool. Holding his arms and pulling him/her like a tugboat also provides vestibular stimulation. As the child gains confidence in being in and under water, other exercises will provide this stimulation. These exercises are front and back somersaults or log rolling. Advanced swimmers love to stand on their heads in the water. All these movements provide a pleasant stimulation to the hypothalamus and the vestibular system. The instructor may also bob the young child up and down.

Maintain security. Initial lessons may require the instructor to constantly hold the child close to his body. Remember the deaf-blind child needs to feel closeness and other forms of communication. Provide constant reassurance to the child regarding his/her safety and security. Only gradually "wean" them away from the instructor's body, but always maintain some form of physical contact, i.e., holding their hands, legs, heads, etc.

Intermediate Stages

After water adjustment and security has been established and the child has obtained some degree of confidence and independence advanced procedures may vary from individual to individual.

Objectives in the advanced stage could be to promote further independence, improve coordination, make swimming a pleasurable experience, develop motor skills and develop swimming skills.

Swimming Aids. Some instructors report using kick boards and other floatation devices. This is an individual matter and should be individually considered in each case. Remember security is important so if it is needed for security then use them.

Independence. Try to promote independence via having the child enter and leave the pool under his own methods. Alos, try to develop the security and confidence for the child to be able to participate in the water as independent of the instructor as possible.

Face Float. One of the last abilities probably to be developed in the early and intermediate stages is the ability to put the face in and under the water. Usually, as the child gains confidence and security, this will come naturally. One method of encouraging this is to have the child place his/her hand next to the instructor's mouth while the instructor blows bubbles on the water's surface. Then encourage the child to do the same.

One point to remember is that deaf-blind children usually have their mouths open and will not necessarily swallow water if they put their heads under with their mouths open.

Advanced Stages

There are probably as many suggestions for training in the advanced stages as there are programs and/or instructors. The important thing to remember is to be as "normal" in the approach as possible, then allow for their limitations and special needs.

As a suggestion, the following is a series of lessons used in the Oak Hill School for the Blind in Hartford, Connecticut.

1. The child was held gently but firmly and was made to feel secure. He was ecnouraged by the instructor to walk and to jog, with always one or more flotations in order to experience extra buoyancy.

2. He held on to the side of the pool while the instructor moved his legs.

3. Holding onto the kickboard, he floated, at first, and then was instructed to kick his legs.

4. One (or more) of his flotations were removed and he used the kick board exclusively.

5. The kick board was removed. He used either a plastic vest or a bubble in the free float position.

6. With the assistance of the instructor, the back swimmers received head support and the front swimmers received torso support. (Children with light perception preferred the back position while those without light perception readily assumed a front position. Instruction was based on each child's preference.) After a time and at the discretion of the instructor, the child was allowed to swim unassisted.

7. The child entered and left the pool independently, usually via pool side as opposed to steps.

8. Leveling off was accomplished by gently tossing the child so that his head was submerged and he learned the recovery procedure. He was conditioned prior to this by virtue of the fact that water had splashed on his face on numerous occasions.

9. Distance swimming was attempted. Once the children became independent in the water, they tended to twirl around in one small area. With a little prodding and assistance by the instructor, they swam the width of the pool, and later, the length of the pool (25 yards). At the end of the year, one child independently swam twenty-two continuous lengths. Initially, plastic ropes were used as guides but because they proved to be distracting, their use was discontinued. Distance swimming will be continued to improve endurance and to encourage continued activity.

10. Instruction in and supervision of arm and leg movements in acceptable positions was continued.

11. The children learn to jump and then dive in the following sequence:

    a. The instructor held the child's hand and both jumped from poolside together.

    b. The instructor stood in the water while the child sat at poolside. The instructor held both of the child's hands when the latter jumped.

    c. The instructor in the water touched the child at poolside to make him aware of the fact that she was there to catch him or retrieve him if necessary.

    d. When the child was able to jump independently and without fear, he was then taught to dive. The child braced his feet on the thighs of the instructor who then bent the child's torso, gently toppling him into the water head first.

    e. The child's arms were placed in the overhead position with hands clasped. Then the above procedure was followed.

    f. The child stood on the first step of the pool and the above procedure was repeated.

    g. Same procedure but the child performed from edge of pool.

12. When the child was able to jump from the edge of the pool independently, he was introduced to the diving board.

    a. The instructor indicated to the child that he was to jump into the water from the diving board.

    b. The instructor guided the child to the end of the diving board by walking behind him and holding ont his waist.

    c. The child stretched his arms over his head and the instructor held his hands.

    d. The instructor sprung, letting go of the child's hands just as he jumped into the water.

This procedure was repeated ten to twenty times until the child was able to comprehend the gestures made by the instructor and was able to jump independently. Once this was accomplished, the instructor indicated that the child was to enter the water head first. The child understood the gesture (hands over head and bending of the torso) because he had learned it in relation to diving from the edge of the pool.

By the end of the 1972 school year, three children were jumping with assistance; two jumped independently; and two jumped and dived independently.

At the end of the 1972 school year, all of the children had achieved some degree of independence in the water. Most of them seemed relaxed and found swimming an enjoyable experience. All were aware of where they were going when the gesture for swimming was given: they moved to the location where they waited fro transportation to the pool. Progress was also noted in their ability to dress and undress with some degree of self-reliance.

After this stage, swimming becomes a highly individual matter dictated by each child's growth, developmentm maturity, and interest. But at whatever level they are at, they should be encouraged to participate often and vigorously.

Leadership Techniques

Good intentions, a warm heart, identification with people, and sensitivity are necessary and may carry an activity a long way. However,they are not sufficient requisites for helping people effectively.

Well-intentioned ignorance can be as damaging in its consequences as completely ignoring the individual.

Teachers, recreators, and therapists must have a disciplined way of working, supported by values which are given meaning by appropriate skill, knowledge, and understanding. The staff must be very clear about their roles and responsibilities. All staff who have contact or will be working with deaf-blind children ought to have at least minimal skill in communicating with them.

The Degree of communication proficiency needed would be determined by the nature and frequency of the contact.

Guidelines for Communication

The following are some basic guidelines to be aware of when working with the deaf-blind. These are only intended for those who have limited contact with the deaf-blind. More frequent contact, of course, would require advance skills beyond these.

1. When you approach a deaf-blind person, let him know - by a simple touch - that you are near. A warm, firm hand-shake will show your friendly interest.
2. Make positive but gentle use of any means of communication you adopt. Abrupt or exaggerated gestures might be disturbing or misunderstood.
3. Work out with him a simple but special signal for identifying yourself to him.
4. Learn and use whatever method of communication you adopt. which he knows, however elementary. If a more adequate method might be valuable to him, help him learn it.
5. Always be sure the deaf-blind person understands you, and be sure that you understand him.
6. Encourage him to use his voice if he has speech, even if he knows only a few words.
7. If there are others present, let him know when it is appropriate for him to speak.
8. Always inform him of his whereabouts.
9. Always tell him when you are leaving, even if it is only for a brief period. See that he is comfortably and safely situated. If he is not sitting, he will need something substantial to touch in your absence. Place his hand on it before leaving. Never abandon a deaf-blind person in unfamiliar surroundings.
10. When with a deaf-blind person, keep sufficiently close so that by physical contact, he will know you are there.
11. In walking, let him take your arm. Never push him ahead of you.
12. Make use of simple set of signals to let him know when he is about to (a) ascent a flight of stairs, (b) descent a flight of stairs, (c) walk through a doorway, (d) board a vehicle. A deaf-blind person holding your arm can usually sense any change in pace or direction.

13. Encourage a deaf-blind person to use his own initiative and ability, however limited. Encourage him to express his own ideas. Encourage his interest in new experiences.

14. Rely on your natural courtesy, consideration, and common sense. Avoid getting flustered or irritated if misunderstandings arise. Occasional difficulties in communication are only to be expected.

In helping a deaf-blind person, you will have many things working for you. Quite likely there will be difficulties, but your patience will go a long way in overcoming them. Common courtesy, common sense, and communication - those are the keys.

Avoidance of learning some minimal communication skill tends to reinforce the deaf-blind child's sense of isolation and not belonging.

Volunteers

Training is absolutely necessary. Good and bad practices and techniques of working with the handicapped have the same consequences whether it was performed by volunteer or paid staff. Just because volunteers are not being paid does not minimize the effect and impact that they will have on the participants.

Deaf-blind children are acutely sensitive to the feelings and attitudes of those around them. If a worker has any reservation or hesitancy whatsoever, then you should perhaps reconsider whether or not that person should work with the deaf-blind. The deaf-blind child can sense the worker's "up-rightness" and lack of confidence which in turn makes the child feel tense and nervous. Attempt to find out if the deaf-blind child relates better to a male or female because this can be an influencing factor.

Discipline

Just because the child is handicapped is no reason not to be firm and disciplinary. They need to learn proper behavior also. As with any child, be kind but firm and enforce rules. Since communication is a problem remember rule-enforcement has to be demonstrated to the child.

Other Factors

Age of onset of the disability and the degree of involvement of the disability can also be determinants in the teaching and learning process. Children who have partial sight and/or partial hearing tend to be more fearful than those with total losses of both senses. The age of onset of the disability also is important. A child who was born with sight and hearing then loses it will be much more fearful and apprehensive and anxious about the sensory loss than a child who has been born without them and never knew what it was like to have had them. The child born without hearing and vision adjusts much faster and more easily than one who lost them later in life.

Endurance

The deaf-blind child's endurance (length of stay in the water) will be determined by such factors as: water temperature (they prefer 86 plus degrees); how they feel; and where else they have been to swim before and the results of that experience. Gradually increase the length of time in the water for the child through each of the training phases. Programs preferably should be held every day for 30-40 minutes.

Parental Involvement

Parents should be encouraged to go into the water with the child whenever possible during the initial stages. This is especially important in cases of extreme insecurity.

Consistancy is important. Try to use the same volunteer with each child every time. Use the same routine. Keep everything familiar to the child. This reinforces his confidence and security. A change in staff may cause some regression in the child's progress due to the necessity of the trust-relationship.

Normalization

Every attempt should be made to place the deaf-blind child in a "normal" program as soon as possible. Deaf-blind children usually begin to relate to other children at about age seven. Peer modelling could be a tremendous help in working with the child.

Play and Equipment

The following is a partial listing of activities and toys that are useful in working with deaf-blind children.

Types of play:

a swing
sand box with pail and spoon
tricycle
wagon
merry-go-round
large inner tube to bounce or roll on
a doll buggy
small wading pool
slide
climbing bars
snow play

Toys:

keys on ring
nested boxes
aluminum pil plate and spoon
wooden spoons
wooden clothes pins
crumply paper
bean bags
soft modeling clay
baking dough
large beads
wrist bells
pans
plastic lids
hot pads, drum
paper carton
squeaky rubber toys
dangling toys
push and pull toys

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Arts and Crafts
by
Clifford Seymour

Before I say a few things about the Arts and Crafts Program for the Deaf-Blind, I feel that I need to set some background for you. We are first talking about Therapeutic Recreation service for a particular group. What does this mean? A working definition is in order. Therapeutic Recreation is a Process which utilizes recreation services for a purposive intervention in some physical, emotional and/or social behavior to bring about a desired change in that behavior and to promote the growth and the development of the individual.

Thus the area of Arts and Crafts must be a media to stimulate growth and develop the individual.

Arts and Crafts is a phase of the recreation program that is as broad as these and individuals or groups of people and as varied as there are different types and combinations of material to treat and manipulate Arts and Crafts represents one of the many outlets for human expression; it can fulfill the natural urge to create with one's hands, to express ideas in materials. It can, by stimulating the imagination and releasing the creative urge become an emotional outlet and there by contribute to the maintenance of even the restoration of physical and mental health.

Arts and Crafts may be readily correlated with many other activities such as music, drama, dance, and special activities; it is unique in its own contribution and deserves the importance place it occupies in most recreation programs.

Arts and Crafts often limitless possibilities to the Deaf-Blind, is its greatest value lies in the potential for developing hobbies, that can be pursued by individuals. For the Blind, arts and crafts are one of the most developed form of recreation. Painting, sketching, drawing give more satisfaction from the physical movement they require than from the impression they record the creating of something useful in Crafts provides pleasures that is more important that the appearance of the object.

Basically the Arts and Crafts program for the Deaf-Blind should have six major purposes.

1. As an edn in themselves - to satisfy the normal human needs and drives which the Deaf-Blind show with all persons.

2. As a diagnostic and evaluative tool - to determine the capabilities, weakness, and needs of the Deaf-Blind individual.

3. As a specific tool in rehabilitation - which may be used to develop physical, social, or intellectual growth, or to minimize overall disability.

4. As a specific skill - which may be used in the area of leisure.

5. As a communication tool - as the Deaf-Blind individual should be integrated with the nondisabled peers. Thus poses a difficult problem.

6. As a revitilizationtool - keeps the adult population of the Deaf-Blind to reassure themselves of human dignity, enriched, a new life, and provides the renewals of old friends.

Let us just look at several broad areas of the Arts and Crafts area.

Carving
Clay and saw dust modeling
Sculpturing - soap - work tile

These give the aesthetic satisfaction the Blind is at ease with material that they can mold and shape and can become skilled because of their fine sense of touch.

Painting, sketching, drawing as I said previously gives more satisfaction from the physical movement than from the impression they record.

The deaf can use all of the areas of Arts and Crafts, the only hints I may suggest, please don't use the commercial made Arts and Crafts Articles, that does not allow for the full development of the Deaf-Blind.

Arts and Crafts are usually linked together. Art is a part of Craft, yet they are two separate areas of education. Craft programs generally deal with such material as wood, clay, metal, and natural items (grass, weeds, etc.). Adaptation must be used for the Deaf-Blind. Both of these areas contribute to the education of the Therapeutic process, recreation and the education for leisure of the Deaf-Blind population.

Arts and Crafts

by

Teresa Northey

Since deaf-blind persons have no color perception the idea of colors and of certain colors going together is an abstract thought. The coordination of colors must be explained to them in much the same way a person is taught to assimilate numbers. But once they have the idea it is a simple matter of labeling. The recreation leader or group leader can label all the containers for the various arts and crafts projects so that the person can put together his puzzle of colors. Since many deaf-blind persons can read braille it would be a good idea of label the containers with braille strips.

The method of labeling will aid the deaf-blind person in finding the materials he needs and save the recreation worker countless minutes. It is also good to have a completed product on hand so that the deaf-blind person can "see" what the object will be like when he is finished. He can do this by touching the project and using his hands to get acquainted with the texture the fabric and the way in which the project is assembled.

Beadcrafts. There are several types of beads and marbles that are suitable for arts and crafts projects. They come in a variety of sizes and colors and there are many possibilities for crafts projects other than stringing them together.

Pencil Holder. As stated above arrange different colored marbles in containers within easy reach of the deaf-blind person. Take a container that is five to six inches tall and place it near the marble containers. Also needed is some craft glue. Show the deaf-blind person the location of each of the materials by placing his hands on them. Take a finished pencil holder that has marbles already glued on to it and allow the person to touch it so he will know what the finished proeuct will look like.

Guide his hands on the first few marbles and continue to place his hand on the finished product for reference. Allow him to put glue on the side of the container and then guide his hand to the marble container. He will select a marble and then show him how to place the marble on the side of the pen holder and hold it for a while. After a few times he will be able to repeat this action on his own. Allow the pencil holder to dry overnight.

Bead Picture. Arrange beads as previously stated. For this project the participant will need a sheet of heavy poster board or a light piece of plywood and some wood glue. Allow the deaf-blind person to arrange the beads in any picture or design that he wants to.

As always it is helpful to have a finished project of the same type nearby for reference. A few examples would be tree pictures or pictures of animals.

By constantly refering to the finished product with his hands he will be able to determine where he wants to put each bead. Instruct him to put glue on the board first a little at a time and add beads as the picture progresses. Depending on the degree of dexterity of the person the recreation leader will have to adapt the size of the beads, the overall size of the picture and the detail to which each model should be made.

Leathercraft

There are on the market today a number of kits for leathercraft projects. But if the cost of the kits is too prehibitive to the program here are a few simple craft suggestions.

Bookmark. Persons who are deaf-blind have books or magazines that are made of braille but this project can also be made as a gift. This task is fairly simple but it does require some advance planning on the part of the recreation worker. The leather for this project can be imitation leather or another product such as heavy plastic.

Before hand the leader should trace the shape of the bookmark on to the leather and etch around the edge of the bookmark. This will create a pattern that the deaf-blind person can follow with his hands. Allow the person to cut out the bookmark by following the pattern. After the bookmark is cut show him how to punch a hole in the top of it so that he may attach a tassle.

Bookmarks can be made in varying shapes and sizes and the detail will again depend on the dexterity and artistry of the deaf-blind person. Again a suggestion would be to have on hand several finished perducts as examples.

Bookcovers. These can be made by simply gluing together three pieces of leather. For example on a book that measures six inches by nine inches cut a piece of leather 14 inches by nine and a half inches. Also cut two additional pieces of leather that are nine and a half inches long and one inch wide.

Take the largest piece of leather and fold it in half so that it measures deven inches across and nine and a half inches in length. Take the other two strips of leather and glue them to the inside of the large piece so that the two sides of the pieces are matched together. Only glue around the edges so that there will be enough room to slip in the cover of the book.

Assist the deaf-blind person as he requires it. Allow him to do as much of the work as possible so that he will know how to repeat the process on other projects.

Keyholders. To make an attractive key chain etch a design on a piece of leather so that the deaf-blind person will be able to follow the pattern with his hands. If the leather is circular do not complete the circular pattern but instead extend the leather two inches before returning to the circular pattern.

With the stem or the extension cut this way another piece of leather does not have to be cut. Take a metal key ring and slip it over the stem, bend it in half and glue the top of the leather down to the opposite side of the leather. Place a clamp on it and let it stand to dry overnight.

Pottery

Deaf-blind persons can become adept at making vases, bowls, cups, and things that are useful as well as giving them a sense or producing something that is useful. Here again the model system is used. Provide a simple cup to start with and allow the participant to become familiar with the shape and the texture.

Place some pottery clay on a table and allow him time to become acquainted with the texture and feeling of it. In a beginning activity such as this all work should be done by hand. If the participant becomes interested enough to advance to a potter's wheel he could be instructed in this manner. But for the making of simple utensils the hands are the only equipment that is required to shape the object.

Encourage the person to work and re-work the clay until he feels thatit resembles the touch and feeling of the object of example.

When he is satisfied with the product it can be fired in a kiln and later painted or decorated by the deaf-blind person.

Woodcrafts

Possible projects to build in a woodcraft activity are the following; bookends, birdhouses, birdfeeders, mailboxes, furniture, and plaques.

By using the model system and guiding the person concerning sawing and nailing any of the above items can be made by a person who is deaf-blind.

Outdoor Education/Camping

by

Paul Cotten

The first question to be asked is, "Is a program of camping and outdoor education beneficial for people? The second question is, "Do you consider an individual who is deaf-blind an individual first and deaf-blind second?" If your answer is yes to both questions, then a a program of outdoor education/camping is beneficial for an individual who is deaf-blind.

Such a program was institued the summer of 1973 in Mississippi for deaf-blind children from the Southeastern States, i.e., Mississippi, Alabama, Florida, Georgia, Tennessee and Kentucky. The funding for this program was made through the Southeast Regional Deaf-Blind Program (Dr. W.W. Elliott, Project Director). As you know the Regional Deaf-Blind Programs are funded by the Bureau of Education for Handicapped Children, U.S. Office of Education, Mr. Bob Dantona, Coordinator of Centers and Services for Deaf-Blind.

The program will be conducted again this summer.

There were a number of purposes for the Project. Among these were:

1. The opportunity to provide varied experiences for the children. An opportunity to interact with others.

2. Assist in continuing evaluation of the strengths and weaknesses of the child.

3. The development of a program of intensive training based upon the prevaluative instrument in the areas of:

    A. Self-help skills
    B. Motor Development
    C. Socialization
    D. Communication development (both oral and manual).

4. An attempt to prevent loss of skills gained in school.

5. Provide parents with a respite service.

The staff was as follows:

Training Coordinator	1
Speech & Language Therapist	1
Arts & Crafts Instructor	1
Registered Nurse	1
Cook Supervisor	1
Counselors	16
Secretary	1

Consultant physician on 24 hour call Emergency Hospital service furnished by local hospital if needed.

Staff people were professionals in the field of Special Education with experience in camping for handicapped children. The counselors were college and university students, some of whom were in education for handicapped children while some wanted a job with experience to be ganered.

The training of the staff preceded the admission of the first campers. Included in the training was:

1. An orientation to the developmental model and the normalization principle.

2. Introduction to methods of modifying activities and materials in working with deaf-blind.

3. Goals of program.

Administrative Procedures - the counselors were assigned to one counselor one camper ratio. They were responsible for the camper on a 24 hour a day basis. It was possible to request another counselor or staff person to relieve them if necessary. It was also possible to obtain relief by utilizing university students who were there for practicum experiences. The campers came on a two week basis for a total of ten weeks. So one can see that the counselors came to work or didn't stay. The only one who left, left to get married.

Number, age range and home state of the campers were as follows:

State	No.	Age Range
Mississippi	34	4 - 19
Alabama	7	5 - 14
Florida	13	6 - 14
Georgia	4	5 - 18
Louisiana	1	5
Kentucky	12	4 - 8

The location of the program was at the Preventorium located 30 miles south of Jackson, Mississippi. It is operated by Ellisville State School as a day child development center, D&E Center, and during the summer as the location of the summer program. It certainly would not be considered a rustic camp but was selected due to availability as well as providing the child more freedom of movement independently.

As mentioned previously, the program consisted of:

a. Training in self help skills which included dressing, feeding and toileting. Some of these children came with limited skills. (Example, unable to eat hamburger, so one goal was to teach this, was successful. In swimming, also worked on dressing. To go swimming, had to urge camper to be independent as possible; and then progress to next step.

b. Motor development - included training in orientation and mobility as well as methods of playing different games.

Also worked, through play, to develop perceptual motor skills.

c. Total Communication - time was spent in assisting the child and staff in communicating either orally or manually. Special emphasis was placed upon learning signs pertaining to recreational activities.

d. Socialization - among the experiences provided were field trips, picnics, campfires, swimming, arts and crafts, (i.e., instant pudding for finger painting), musical experiences, nature trails, low organization games, fishing, boat tour of New Orleans, week-end camping in state park.

Briefly, this has presented the outdoor education/recreation program operated by Ellisville State School through funding from the Southeast Regional Deaf-Blind Program. We've got much to learn and would appreciate any suggestions or recommendations.

Notes:

As you can see we've looked at camping for primarily low functioning kids.

If possible we would suggest you integrate individuals who are deaf-blind into other camping experiences if they can participate. If a week or two week camp is not possible then consider a weekend program utilizing state parks or other facilities.

A number of schools for the Blind and the National Center for Deaf-Blind Youth and Adults are also experienced in camping for individuals who are deaf-blind.

The area of tort liability and camping experiences for individuals who are deaf-blind was discussed. The concensus of the participants was that the recreationist must use common sense in preparing both the client and the staff in dealing with potential hazards.

In summary, it was agreed that you must be able to take some chances if you are to provide the kinds of experiences from which the person can benefit.

Education/Recreation Model in an Outdoor Program

by

Steve Brannan

Today, special educators are moving beyond the classroom walls to provide more comprehensive and relevant learning experiences for handicapped children. Community field trips, outdoor education, and prevocational placements are common examples of this trend. A concept that still remains virtually unexplored is the idea of integrating education and recreation as part of the curriculum during the normal school year. Although there is increased awareness today of the importance of leisure time, both educators and recreation specialists tend to operate separate of each other in serving the handicapped child. The result has been that teachers generally stick to the "academics" while recreation specialists handle the leisure time or recreation activities.

What too often happens is that recreation is relegated to the summer months and that, following a summer camping experience or family vacation trip, the handicapped child goes right bach home to sit, watch TV or vegetate, with very limited recreation opportunities occurring until the following summer. This is unfortunate because both education and recreation programs are needed year-round for all persons in the community, but especially for the handicapped individual.

It should be stressed that education and recreation have similar goals, namely, those of improving the individual's mental, physical, social and emotional development. The need for incorporating the two fields seems especially important when dealing with the handicapped child, since more intensive service is neede to assist the person who is deficient in one or more of the above areas of human development. In addition, the importance of preparing individuals to acquire recreation knowledge and skills takes on special significance when considering the increased leisure time being afforded citizens, plus the significant amount of lifetime devoted to leisure versus "Education" activities.

Special Educators today are beginning to recotnize that recreation experiences should be part of an on-going educational program, that a relevant education must extend beyond the environment of the classroom, and that recreation actually complements the education process. In reference to the latter, outdoor recreation, unlike the classroom, provides a setting where teacher and pupil can learn together in a "total" living environemtn. Twenty-four hour living in a relaxed and "ture life" setting affords many learning opportunities that are not attainable in the typical school program.

A most significant outcome of outdoor recreation is that the teacher achieves increased understanding of the handicapped child, which favorable influences his attitude and ability to deal more effectively with the child. Likewise, the handicapped child learns more about his teacher, which favorably influences his attitude toward being helped. Most significant is the increased receptiveness and rapport established between children and teachers that carries over into future relationships in the total school program.

Teacher Training Models in Special Education

For several years, starting in the summer of 1966, the Special Education Department at Portland State University has been developing and employing a teacher training program stressing an education/recreation concept of teaching handicapped children. This program, initiated by special educators, was developed because it was felt that present educational models for teacher training were too restrictive. In short, the education/recreation model was explored because of the need to extend learning experiences for teachers and children beyond the four walls of the classroom. During the last seven summers, approximately 200 teacher trainees and 300 mentally retarded youngsters have participated in an outdoor curriculum. Housed in school settings, the majority of learning experiences in the classroom have been organized around an outdoor recreation theme with special emphasis on cmaping. As a result, a more "real" basis for teaching and learning was established, especially, when using the actual camping trip as the culminating activity of the summer programs. Both students and children have been observed to be more highly motivated because they knew their "school" learning was directly related to a future outdoor experience. Naturally, the camping experience has proven to be the highlight and the medium enabling teachers and children to learn together in a "total living situation.

A more recent development has been the involvement of our Special Education Department in coordinating the Mt. Hood Kiwanis Camp, a residential camping program serving handicapped children and youth. This is an interagency or "team" project with Kiwanis service clubs providing the camp facilities, plus financial support, and the Special Education Department at Portland State University providing the professional support for implementing the program. Staffed by specialists and counselors recruited through Portland State University, neighboring colleges and high schools, the Mt. Hood Kiwanis Camp offers campers a planned program of nature study, exploration, hiking, swimming, camping skills, fishing, athletics, drama, music, and arts and crafts. In addition to providing service, the camp is organized as a training program for individual desirous of working with the handicapped. High school, undergraduate and graduate students interested in special education physical education, recreation and related fields participate in the program. The camp provides these trainees a "total" experience and enables them to gain increased skills in developing and implementing education/recreation activities with handicapped children in an outdoor setting.

As a result of these years of program development, we now believe there is firm evidence to support education/recreation concept as a meaningful and realistic approach for providing training to teachers and service to children. In addition, there is data to substantiate that such a training program has been effective in motivating teachers to employ such concepts with handicapped children in their curriculum during the normal school year. Currently, in the greater Portland area, there are various efforts being made by special educators to involve mildly and severely handicapped children in both short and long term outdoor recreation experiences as an integral part and extension of the classroom program.

Concepts in the Education/Recreation Model of Teaching

The following concepts are improtant aspects of the above model and are viewed as important in both the training of teachers and the teaching of children.

1. The meaningfulness of classroom activities is increased when linked to the experiences provided by an outdoor recreation program.
2. Outdoor recreation stresses an expanded concept of learning achievement versus more traditional "academic" achievement. (i.e. recreation skills, living skills, interpersonal skills).
3. Learning is more extnesive when children and teachers participate in a "total" living environment.
4. Outdoor recreation creates a learning environment that promotes teacher observation and understanding of a wide variety of pupil behaviors.
5. Learning is enhanced through the more informal and relaxed atmosphere experienced in outdoor recreation.
6. An outdoor recreation curriculum facilitates increased interpersonal relationships: pupil-teacher; teacher-pupil; (during training: teacher-teacher).
7. An outdoor recreation program creates an atmosphere where teacher and pupils come "much closer together"; an atmosphere which promotes increased feelings and respect for each other as human beings; an atmosphere which enhances future relationships in the total school program.
8. Outdoor recreation involves children in a setting where they have numerous opportunities for success. (implications for self concept, self motivation, etc.
9. Outdoor recreation captures children's natural interest in nature and provides the logical setting for enjoying and/or learning to appreciate it.
10. An outdoor curriculum facilitates the development of specific skills in recreation and living activities.
11. Outdoor recreation can create an awareness in children of the numerous possibilities of recreation experiences common to their geographic area.

12. The high stimulating effect of recreation/outdoor activities can also be used to achieve the more "academic goals": oral language, sight reading, work under supervision, independent activity, etc.

OUTDOOR EDUCATION/RECREATION

Experience/Skill Checklist

Special Education Dept.
Portland State University

Mt. Hood Kiwanis
Camp Program

Name of Camper ____________________ Date of Session ____________

EVALUATION SYSTEM

1. Performs independently without instructions
2. Performs independently following instructions
3. Performs only with verbal and/or physical assistance
4. Unable to perform with verbal and/or physical assistance
5. Not observed at camp

PERSONAL/SOCIAL

1 2 3 4 5 Talks courteously
1 2 3 4 5 Communicates needs (verbally and/or manually)
1 2 3 4 5 Acquires friends
1 2 3 4 5 Initiates conversation
1 2 3 4 5 On time
1 2 3 4 5 Neat in appearance
1 2 3 4 5 Practices camp rules (use of facilities)
1 2 3 4 5 Practices game rules (sportsmanship)
1 2 3 4 5 Clean in personal habits
1 2 3 4 5 Helps others
1 2 3 4 5 Waits own turn
1 2 3 4 5 Participates in suggested activities
1 2 3 4 5 Follows instructions during activities
1 2 3 4 5 Controls emotions
1 2 3 4 5 Practices acceptable eating habits
1 2 3 4 5 Tries new experiences
1 2 3 4 5 Engages others in conversation
1 2 3 4 5 Participates with the group

ARTS AND CRAFTS

General

1 2 3 4 5 Cuts with scissors
1 2 3 4 5 Tears and folds paper
1 2 3 4 5 Selects paints
1 2 3 4 5 Paints with a brush
1 2 3 4 5 Uses materials/tools correctly
1 2 3 4 5 Completes projects
1 2 3 4 5 Practices safety precautions
1 2 3 4 5 Helps with clean up

Projects

1 2 3 4 5 Makes a sand candle
1 2 3 4 5 Tye-dye fabric
1 2 3 4 5 Designs a postcard
1 2 3 4 5 Writes a postcard
1 2 3 4 5 Prints with natural materials
1 2 3 4 5 Makes a God's eye
1 2 3 4 5 Makes a pine cone project
1 2 3 4 5 Makes a nature collage
1 2 3 4 5 Makes a spatter leaf design

MUSIC/DRAMA

1 2 3 4 5 Sings with a group
1 2 3 4 5 Sings alone while others present
1 2 3 4 5 Sings familiar songs
1 2 3 4 5 Learns and sings new songs
1 2 3 4 5 Sings on pitch
1 2 3 4 5 Constructs a musical instrument
1 2 3 4 5 Plays a rhythm instrument
1 2 3 4 5 Sings at group campfires
1 2 3 4 5 Participates in Group skits
1 2 3 4 5 Employs rhythm
1 2 3 4 5 Employs hand movements to songs
1 2 3 4 5 Performs skit according to plan
1 2 3 4 5 Provides personal interpretation during the skit
1 2 3 4 5 Creates/contributes skit material

NATURE

1 2 3 4 5 Finds crunchies (gravel, twigs, leaves, etc.)
1 2 3 4 5 Feels different textures (rocks, bark, leaves, soil, moss)
1 2 3 4 5 Describes differences in rocks (weight, texture, rock decomposition to soil)
1 2 3 4 5 Observes levels of forest (canopy, understory, shrub layer)
1 2 3 4 5 Observes life rings of a tree
1 2 3 4 5 Describes differences in plant life
1 2 3 4 5 Feels different terrain (slope, uphill, downhill)
1 2 3 4 5 Forms an environmental interpretation of a place or thing
1 2 3 4 5 Identifies harmful plants
1 2 3 4 5 Discovers things that sink (rock, sand, etc.)
1 2 3 4 5 Drinks from a mountain stream
1 2 3 4 5 Observes the current of a stream
1 2 3 4 5 Discovers a waterbug
1 2 3 4 5 Feels the morning dew
1 2 3 4 5 Listens to the sounds of the forest (animals, wind, water flowing)
1 2 3 4 5 Observes cloud formations
1 2 3 4 5 Smells fragrance of forest (flowers, fir trees, etc.)
1 2 3 4 5 Matches animals and their footprints
1 2 3 4 5 Describes animal signs (tracks, nests, burrows, droppings, etc.)

RECREATION/WATER

1 2 3 4 5 Baits a fish hook
1 2 3 4 5 Operates a fishing pole (casting, reel, etc.)
1 2 3 4 5 Catches/lands a fish
1 2 3 4 5 Cleans a fish
1 2 3 4 5 Prepares a fish for eating
1 2 3 4 5 Plays individual games/sports
1 2 3 4 5 Rides a bicycle
1 2 3 4 5 Operates an instamatic camera
1 2 3 4 5 Rides on chairlift at Timberlin
1 2 3 4 5 Uses pool equipment as directe
1 2 3 4 5 Enters pool safely
1 2 3 4 5 Clears pool on whistle blast
1 2 3 4 5 Puts face in water
1 2 3 4 5 Holds breath underwater
1 2 3 4 5 Walks unaided across width of pool waist deep
1 2 3 4 5 Tuck floats for 15 seconds
1 2 3 4 5 Prone glide with kick for 30 fe
1 2 3 4 5 Crawl stroke for 30 feet
1 2 3 4 5 Changes directions while swimming
1 2 3 4 5 Jumps in water waist deep
1 2 3 4 5 Relaxes/suntans near pool
1 2 3 4 5 Swims/plays in Timberline po

CAMPING/SELF HELP

1 2 3 4 5 Lights a match
1 2 3 4 5 Builds a fire
1 2 3 4 5 Operates a camp lamp (Colem etc.)
1 2 3 4 5 Operates a camp stove (Colem Hobo stove, etc.)
1 2 3 4 5 Operates a flashlight
1 2 3 4 5 Prepares own meal out-of-doo
1 2 3 4 5 Eats own meal out-of-doors
1 2 3 4 5 Rolls/unrolls sleeping bag
1 2 3 4 5 Manages own gear
1 2 3 4 5 Packs a pack
1 2 3 4 5 Carries a pack
1 2 3 4 5 Hikes to a close destination
1 2 3 4 5 Hikes to a far destination
1 2 3 4 5 Demonstrates endurance on a hike
1 2 3 4 5 Helps set-up camp on overnig hike
1 2 3 4 5 Lays out ground cloth
1 2 3 4 5 Cooks a marshmellow
1 2 3 4 5 Prepares own campfire treat (s/more's)
1 2 3 4 5 Makes hot chocolate

Name of Director
Counselor (s)

Deaf-Blind at Leisure

by

Ernest Drapela

The term leisure is most succinctly defined as "free-time" or discretionary time. If we assume an average lifetime of 70 years it has been estimated that subsistence will consume 45.8% of our lifespan (computed at 11 hours per day, sleeping and eating); commuting 3.8% (computed at 2 hours per workday for 49 years); work 15.6% (assuming a person is "fully employed" from age 16 to 65); leaving 34.8% as leisure time (after subtracting subsistence, commuting and work).

Does the concept of leisure without man make any more sense than man without leisure? Consider it you will a life of total leisure. Now our individual interpretations of leisure may vary but, in general, we would probably agree on a leisure concept, the counterpart of which is the work concept. Are these concepts meaningful or relevant to an individual who is ostensibly insulated into an existence of leisure and depends upon a self-stimulated vacuum free of audio-visual diversions or experience? Perhaps we need to devote as much attention to the concept gap as to the communications gap which we all hear so much about. Actually they are essentially the same if we accpe the definition of communications as the transfer of meaning.

At the beginning of my fall quarter class at the University of Oregon, Recreation for the Deaf and the Blind, I polled my class to determine how many would prefer to work with the deaf or the blind. The majority voted in favor of the blind. This poll was repeated again at the end of the quarter, following field trips to schools for the deaf and the blind, films, readings, lectures, and the results changed in favor of the deaf. Why? Communication confidence. The students had acquired enough skill in communicating with the deaf that they sensed more opportunity in relating recreation programs of all types to the deaf in a manner easier than with the blind. Communications, then becomes the key.

If one abides by the 1972 policy statement of the American Foundation for the Blind which deplores special facilities for the visually impaired, or agrees with the National Association for the Deaf that they are "disgustingly normal" in recreation patterns then one might conclude that the deaf-blind do not have any special needs. This is not entirely accurate in the sense that the deaf-blind cannot avail themselves of all activities conducted by park and recreation agencies and the delivery of those services seldom has provisions for the needs of every member of the community .

As a park and recreation administrator I must frequently examine the constraints within which our department can provide for the skills and opportunities of our constituents. These six essential program elements apply to nearly every type of agency. (1) The People, or participants, being served. This applies to every member of our community, including all forms of handicaps. The thing that everyone shares in common are the bio-social needs which can be fulfilled through recreation programming:

Need to Survive (tournaments, competition, swimming)
Need to Create (arts and Crafts)
Need to Express (modern dance, gymnastics, speech, drama)
Need to Belong (parties or dances, social events, group activities)
Need to Achieve (taste of success---make it possible)
Need to Serve (volunteers)
Need for Recognition (awards, excellence---should be special)
Need for Adventure (out-of-doors)

(2) Leadership....community catalysts for creativity and self-actualization of the participant....helping individuals discover their own potential and to find a joy in living. (3) Areas and facilities, or space, needed for activities. Often a great amount of useable space remains incredibly underused in most communities. (4) Finance. It has been said that the manner in which a man spends his time and money is an indication fo what he thinks is important in life. This not only applies to individuals, but also to agencies, communities and countries. (5) Activities conducted or provided. This is really the focus of my assigned topic. Activities are choices of recreation opportunities----recreation being a commong method of consuming leisure time.

You will recall that in my opening statement I alluded to accepting a person as he/she is and assiting that individual realize his/her potential in a particular endeavor. In the instance of the deaf-blind the recreation leader has a particular dependence upon the academic system inasmuch as the deaf-blind person may be more of a product of an institutional environment than of a home environment. The understanding of deaf-blind leisure patterns and expectations begins by consulting with experts on the deaf-blind and then enriching that pattern with leisure experiences which complement the individuals background.

The same process that creates intellectual awareness is the same which must initially instill a sense of pleasure or satisfaction from a recreation pursuit as a use of leisure. As academic skills are acquired then society provides opportunities for the skills to be applied. Recreation agencies have a two-fold mission: a) providing skills, not previously acquired, and b) opportunities for those skills to be fulfilled.

In my quest to acquire recent information for today's presentation I contacted a number of deaf-blind academic authorities from the Pacific Northwest. The State of Oregon has a small number of institutionalized deaf-blind divided between the School for the Blind and a state institution for the mentally retarded. A small but intensive visual and hearing impaired classroom, for the young, is maintained within the Crippled Children's Division of the Univeristy of Oregon Medical School. Others include the new Infant Stimulation Program for the deaf-blind being developed in Longview, Washington, and the established program at the Washington School for the BLind, which has a deaf-blind population of nineteen, ranging in age from 3 to 22.

The Washington school provided me with the most insight because of their success in involving deaf-blind youngsters in virtually every program the blind participate in. They indicated that few deaf-blind are totally deaf and blind, it is usually a question of degree, and that the least affected loss is the one most catered to; however most deaf-blind usually are multi-handicapped, adding to the difficulty of adapting activities to meet their abilities. Those activities that were particularly stressed were those which stimulated their senses. such as lights, sounds, colors, touch, and physical movements, particularly swimming, ice and roller skating, running and out-of-door experiences.

Two other resource agencies which came to my attention during my inventory were the Northwest Regional Center for Deaf-Blind Children, in Seattle, and the relatively new Living Rehabilitation Center for deaf-blind due to alcohol-drug abuse and has now dedicated her life to helping the deaf-blind. I have not closely examined all the deaf-blind resources in the Pacific Northwest but it is enlightening to know they exist and are available for our professionals to draw upon.

The one belief we all hold in common is that everyone, deaf-blind included, are entitled to a rewarding leisure experience, and that we each possess unique resources which must be shared to provide the deaf-blind with a maximum growth of his total person.

The late Jay B. Nash outlined the levels of leisure experience stating the highest form to be creative, followed by participative, then empathy, and finally "spectatoritis"----which was an alternative to boredom. At the negative end of the scale were acts to excess, and acts vs society. Skills and experiences for the deaf-blind should be aimed at self-directed leisure pursuits which strive for creativity, and not merely entertainment. The six ageless forms of recreation which have existed throughout the history of mankind----dance, literature, arts and crafts, music, sports and games, and drama, should be included in the leisure experience of the deaf-blind, as well as the four modern forms of recreation: social, outdoor, hobbies and service. A reasonable goal to achieve or standard to follow would be those programs which have been found to be successful with the blind. Imagination and innovation will exceed the modest recommendations put forth at this Institute because we tend to under-estimate even our own potential.

It is an honor to participate in this historic forum. My contributions are limited by my experience but my interest is endless.

Play and Nonstructured Recreation Activities for the Deaf-Blind

by

Joel R. Hoff

Preface

While it is difficult, if not impossible, to discuss all aspects of Play and Nonstructured Recreation Activities for the Deaf-Blind it is less so if we break the topic into subtopics. I have, therefore, divided the subject by age groupings, i.e. preschool age, school age, and post school age, knowing, of course, that there is an overlap of activities from one group to another due to individual differences. If one really analyzes this paper or applies its contents to specific individuals, one would find great disparity because each deaf-blind person, although similar in the broadest sense, is extremely different in degrees of deficit of handicapping conditions and environmental and hereditary factors. With this knowledge then, that there are exceptions to all that follows, I will proceed.

Preschool Age

If left to their own devices, most preschool, deaf-blind children occupy their time with self-stimulating activities such as light gazing, rocking, aimless meandering and/or other unique and bizarre behaviors. These are usually done in a habitual manner to the exclusion of more beneficial experiences. These children quite often exclude social interaction entirely; only impersonally tolerating adults who serve their basic needs. To us, as interested adults, these behaviors are inappropriate and some sort of intervention is necessary.

Since the preschool deaf-blind child has little, if any, interest in anything above the sensation level, nearly all intervention must be forced and contrived to follow usual developmental patterning appropriate for the child. The child doesn't know it, but he needs a variety of experiences in order to be able to make choices of what he will do with his leisure time. These experiences should include much physical contact and imitative play; physical contact to develop his social relationships and imitative play to develop awareness of body parts, physical coordination, observation skills and the rudiments of a communication system.

School Age

The school age group, if they have developed their social, motor and preacademic skills at appropriate times, have the potentials for developing a variety of recreational skills depending upon their interests and the severity of their handicaps. I have observed some school-aged, deaf-blind children playing "school" (teacher-learner interation). I have seen boys appropriately rough-housing and others playing a modified form of "21" with a basketball. Several girls were observed as they practiced baton twirling and marching. These activities were being accomplished without adult encouragement or direct supervision, although there had to have been some prior stimulation, I'm sure. All of this group had defective, but useful, vision. For those without useful vision, the leisure time activities are usually more sedentary or involve the assistance of a sighted person.

Post School Age

The post school or adult deaf-blind person, if he has had good training or has lost his vision and hearing in late childhood or after, has the experiences necessary to enjoy a number of recreational activities. Those less fortunate will be at some point along the developmental line from preschool onward.

The Problem

All of the above is realistic as far as it goes, but it doesn't go far enough. What I've said so far somewhat makes deaf-blindness seem to be a relatively minor disability when, in reality, being deaf-blind is devastating and compounds the problems of nearly every aspect of every social or recreational activity.

1. Because of their sensory deficits, they miss most of the opportunities to learn on their own. Most of life's usual recreational experiences pass them by.

   Example - The deaf-blind child, while sitting idel, doesn't hear the shouts of children outside who are playing softball nor does he see them at play if he goes to the window . . . or he may hear them indistinctly and be unaware that they are the source of the sounds or he may see them as a blur and not be able to get the idea of what is going on.

   Sometimes they learn of an activity, but cannot pursue it further.

   Example - Perhaps the boy has learned, with the help of a friend, how to hit a ball with a bat and how to run the bases and really enjoys the activity and would like to do it again, but no one takes him to the field nor even gives him an excuse why he can't play again.

2. Because of their deficits, they are avoided or ignored. Many of us are afraid to become actively involved with these children.

   a. We are afraid we can't cope . . . that we'll fail because we don't know techniques which we are sure must exist.

   b. Some of us are just not willing to take the time and expend the energy that such involvement entails.

   c. Another type of avoidance is the avoidance that experience has taught us.

Example - If a deaf-blind person finds a friend who is willing to become involved in some form or forms of recreation, he quite often "clings" to that friend because he wants the friend to be nearby and always available. He unknowingly makes a pest of himself. It is understandable, of course, since the deaf-blind person has all sorts of time on his hands . . . free time . . . and is unaware that others have a variety of obligations. The friend soon has had his fill of activities and begins to avoid involvement.

Basically, there are two problems . . . first, the deaf-blind person and his deficits and second, us, the normal public, and our reluctance to become involved. What we, as workers with deaf-blind persons, must do is teach around the deficits to develop skills, both social and recreational, to make the deaf-blind person more capable of using his leisure time constructively. Also, we must find a means to show us, the normal public, that our involvement with deaf-blind people will be pleasurable and fulfilling.

The worksheets that follow will be utilized to discuss possible activities towards solving these problems.

Problems and Solutions Prepared by Group

I. TOTAL VISUAL AND AUDITORY DEFICIT

Kinds of Unorganized Recreation Possible

	With Help	Independently
1.	PRESCHOOL stimulation of remaining	Tactual exploration of body & imm.
	senses - cuddling, loving	surro.
	hand & arm games Lap games - finger games	Crib Play - Toys
	Tactual expl. of family numbers & imm. surr.	Sand and Water Play
	puzzles Motor activities - rolling - creeping -	(Setting is very important; -
	water play swimming - trampoline walking (mat games) throwing - retrieving	For non-structured activity,
	re-craft & craft practice - cutting, pasting	environment must be tactifully
	*clay molding-	stimulating.)
2.	SCHOOL AGE tactual exploration of the ex-	tactual exploration
	panded environment - home - classroom	
	store, zoo, neighborhood	
	Motor games - roller & ice skating swimming - bowling - fishing - track & field	reading
	Physical Fitness Exercise tandom bicycling	
	crafts -	hand crafts
	table games - cards, checkers, dominoes	
	tic-tac-toe conversation	
3.	POST SCHOOL	conversational interaction
	gymnastics	
	physical fitness	
	bowling	
	writing	

Problems for Consideration

II. TOTAL VISUAL AND PARTIAL AUDITORY DEFICITS

Kinds of Unorganized Recreation Possible

	With Help	Independently
1.	PRESCHOOL I. Rhythm activities;	Play with large toys;
	percussion instruments:	ie. blocks, balls, "hug and
	II. Gross motor movement us of	cuddle" toys, squeaking
	mats, waterbeds, grass.	toys.
	Body awareness	
	Spatial relationships	
	Pet handling	
2.	SCHOOL AGE	
	More gross motor activity	
	locomotion, balance	
	eye-hand coordination	
	Fine motor	
	fine finger dexterity	
	(finger painting)	
3.	POST SCHOOL Square dance	

(Generally - utilize activities that will stimulate residual hearing acuity. This is true of all age groups.)

Problems for Consideration

III. PARTIAL VISUAL AND TOTAL AUDITORY DEFICITS

Kinds of Unorganized Recreation Possible

<table>
<tr><th></th><th>With Help</th><th>Independently</th></tr>
<tr><td>1. PRESCHOOL</td><td></td><td></td></tr>
<tr><td></td><td>Trampoline</td><td>Tactically stimulating</td></tr>
<tr><td></td><td>Water activities</td><td>playground equipment</td></tr>
<tr><td>2. SCHOOL AGE</td><td colspan="2">All Sports</td></tr>
<tr><td></td><td>Eating Out</td><td>Hobbies</td></tr>
<tr><td></td><td>Riding</td><td>Arts & Crafts</td></tr>
<tr><td></td><td>bike</td><td>Travel</td></tr>
<tr><td></td><td>horseback</td><td>Cooking Skills</td></tr>
<tr><td></td><td>Swimming</td><td>Weaving, Sewing,</td></tr>
<tr><td></td><td></td><td>Social Clubs</td></tr>
<tr><td>3. POST SCHOOL</td><td>↓</td><td>↓</td></tr>
</table>

Problems for Consideration

IV. BOTH PARTIAL VISUAL AND AUDITORY DEFICITS

Kinds of Unorganized Recreation Possible

	With Help	Independently
1.	PRESCHOOL Basic motor development and social development. exploratory stimulation. (Toys that light up and make noises when moved.) Manipulative objects - puzzles. Exposure to all activities which are participated in by normal active children.	This activity progressively moves to being independently.
2.	SCHOOL AGE Development social, motor, and academic skills Expose to a variety of leisure activities.	This activity progressively moves to being independently.
3.	POST SCHOOL Integration into regular community activities.	This activity progressively moves to being independently.

To go under Kinds of Unorganized Recreation

With Help

Some examples of simpel but significant educational - training tasks which broaden a deaf-blind child's world

Learning to touch (feel) and tactually explore.
Learning to use the pincer grasp.
Choosing, picking up and holding a toy
Choosing, picking up and manipulating a toy.

Crawling (creeping) - on a level surface - on an incline
up and down steps
into and out of boxes, tunnels

Dropping things (releasing purposefully
Finding visually or tactually the item dropped.

Taking things from (reaching for and grasping and holding) a box or can.

Putting things into (holding, extending and releasing) a box or can

Throwing things (indirected)
Throwing things (with purpose and in a specific direction)

Pulling things apart - tearing (hand grasp development)
Pulling things (dragging)

Walking - on a level hard surface - on a level soft surface
on an incline (up and down and sideways)
up and down steps

Rhythm, Music and Dance

by

Gene Hayes

Paul Cotten

Vicki Wright

Introduction by Vicki Wright

"It has been said that if a person can think, feel, and move, he can dance."[1] Rhythm, an integral part of dance and music, is likewise as easy to perform. But, is it really so simple for the deaf-blind child? I think not. They have only proprioceptive, tactile, and olfactory sensory modalities to perceive the world. Purportedly these senses are heightened in order to achieve maximum development. Even with increased sensitivity, they must surely have outside professional help. Methods of intervention should focus on the existing sensory modalities and not upon the limitations due to visual and auditory decrement. Nevertheless, knowing the means of perception and areas of deficiency will help those attempting to reach this group with therapeutic recreation.

The area of human development most affected by loss of sight and hearing is the perceptual-motor phase. This phase substantially contributes to higher forms of learning, cognition, and motor control. Thus, the deaf-blind need skilled intervention in manual communication, fine and gross motor control, body image, spatial orientation, object identification, and mobility training.[2]

Rhythm and dance, the topic of this paper, can be of therapeutic value. In general, rhythm and dance promote physical and mental health. Deaf-blind children can experience the pleasure in exercise, tension release, creation, achievement, fellowship and fun. In particular, they can provide an opportunity to integrate the children into normal recreational groups. Rhythm and dance can teach math and music fundamentals as well as fine and gross motor skills. They can contribute to self-awareness, body localization. body generalization and spatial orientation, all of which are deficient areas in the deaf-blind and necessary components in mobility training. This contribution, which is so important for identity formation, is possible because the children learn to apply the body in various social and individual contexts. Through rhythm and dance, children can also learn about people and the world around them by identifying and role playing different objects, insects, and animals. Lastly, rhythm and dnace, which are the most expressive, if not the only, forms of music for deaf-blind, can provide a means of communication through body movement.

Guidelines for intervention must be followed to insure maximum therapeutic benefit through recreation. Among the guides I find most helpful are the following:

1. Deaf-blind children will not learn at the rate normal children do.

2. The aspects of music, i.e. rhythm, dance and instruments, should be familiar. If not, then give the child the necessary experience.

3. Duration of exposure to rhythm and dance should be in keeping with the children's attention span.

4. The rhythm and movement activities must progress gradually from the simple to the complex.

5. The feedback, any vibrations caused by movement on surfaces and any residual sight or hearing must be stimulating and rewarding.

6. The place where the activities are carried out should be very familiar to the child. Start out with a small area and progressively move into larger ones. Areas can be marked off by ropes, boards, boxes, etc. Allow the child to explore this space. Gradually extend the boundaries.

Spatial concepts should be taught to the deaf-blind child if he is to move comfortably and determinately. The following concepts, taken from Bryant J. Cratty's book, Movement and Spatial Awareness in Blind Children and Youth, should be instilled, when necessary, as one teaches the children rhythm and dance:

1. Body parts can move in space relative to body mass.

2. All bodies have landmarks--a right and a left, an up and a down.

3. Space flows from the body to other obstacles.

4. Objects and people exist in space without being felt.

5. Unsupported objects fall.

6. Things in space change position in relation to others.

7. Tactile cues aid in the orientation of self in space.

8. Four reference points that never change are north, south, east, and west.[3]

There are many rhythm and dance activities which can be taught with success providing guidelines for intervention and concepts about space are understood. Remember that dance cannot be separated from rhythm although rhythm can be isolated with instruments, including the feet, hands, and other body parts.* Therefore many dance activities can teach basic rhythms.

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*It is interesting to note that the Greek word for rhythm means measured motion".[4]

Two types of rhythmic movement, fundamental and interpretive, can be incorporated in the therapeutic program. An adequate repetoire of fundamental movements is essential if the children are to perform interpretive rhythm. Fundamental rhythm combines gross and fine motor skills. The gross motor skills include walking, crawling, creeping, running, jumping, hopping, skipping, galloping, climbing, skating, swimming, etc. Fine motor movements, which involve different parts of the body (hands, arms, fingers, legs, feet), are bending, turning, striking, pushing, pulling, lifting, clapping, drooping, waving, sweeping, brushing, pointing, rubbing, patting, kicking, wriggling toes, and many others.

The above movements are ones which all children should experience. The leader should teach those a child does not know. Other ideas for using rhythm include alternating movements to establish various regular and irregular patterns and setting up mazes or obstacle course where a child can experience the different patterns of object arrangement and body movement. Tap shoes, wooden clogs, boots, and other hard and soft-soled shoes will vary feedback and interest. Using clothes of all sorts will encourage variety and spontanaiety in rhythm and dance.

Interpretive rhythm is a more creative and spontaneous type of movement. (The adult modern and character dances are interpretive.) Children can interpret by acting out objects, insects, plants, elements and animals.

To further facilitate creative movement provide models and allow the child to feel different objects, plants, etc. Among the things a child can imitate are the following:

Animals

horse
cow
duck
chicken
dog
cat
rabbit
bear
tiger
crab
lobster
mouse
turtle
bird
worm
salamander
snail
kangaroo
elephant
frog
snake
fish

Plants

bushes
flowers
grass
cacti
ivy
weeds
vegetables
sagebrush

Objects

trains
rabbits
trucks
buses
cars
tugboats
snowplows
balls
spinning tops
"slinky" toys
jack in the box
washing machine
popcorn popper
can opener
record player
vacuum cleaner
clock
telephone
blender

Insects

beetles
ants
"bugs"
grasshopper
caterpillar
butterfly

Elements

fire
water
air
earth
wind
mist
lightning
thunder
rain
fog
snow
sunshine
rock
mountain
river
lake
forest
ocean
ice
mud

The above can be acted out in different ways. They can be expressed strongly, heavily, lightly, softly, slowly, quickly, jerkily, smoothly, quietly, noisily, happily, sadly, gradually, suddenly, regularly and irregularly. The children can move in large, small, tall or short ways. They can be active, passive, tense, relaxed, forceful or forceless. In addition, the children can move in different directions, such as the following:

Spatial Concepts

Every movement creates a pattern in space. Components of space are direction, levle, size, shape and position.

Directions

up
down
forward
backward
sideways
right
left
over
under
on top of
underneath
behind
in front of
between
in
out

Levels

low
medium
high

Sizes

small
medium
large
little
big
tall
short

Positions

Imagine you are in the center of box, circle, etc., or on the side, top, bottom. Move accordingly.

Shapes

Individual: Improvise freely, now freeze. Notice shape in space. Improvise in these positions.

- lying - front, back, side, freely changing to each
- sitting
- kneeling - on one or both knees
- standing - on both feet, on one foot

Choose a position of the head and improvise freely with the whole body. Keep the head fixed. Do this again, but fix some other body part in space.

Circle: All face center - improvise in unison movement. First use a leader, which makes it much easier for everyone to move together. Circles can contract, expand, revolve, sink, rise, etc.

Concentric circles:
Face center. Outer circle make movements which are in spatial contrast to those of the center.
Semi-circles: With or without a leader in the center.

Line: One behind the other, follow the leader.

Lines (two or more): Leaders move lines in relation to one another. Remember, leaders could be those with partial sight or hearing. The lines can move backwards, forwards, up, down, right, left, etc.

Side by side: All face the same direction. Line may remain straight, curved, stationary, moveable, etc. Act in unison.

Two lines facing each other: May move in relation to one another.

Squares of 4, 8, 12: May touch at shoulders or some other place if necessary.

Blocks of 4, 9, 16: Same as above.

Obstacle Courses

Consider all of the space when planning courses.

Movement Qualities

Force: strong, weak, gradual, sudden
Time: slow, fast, regular, irregular
Space: large, small, curved, straight
Emotional: Can be quiet, loud, sad, joyous
Can take the form of an attack, fight, chase, shiver, hug, flight, sneak, tremble.

Instruments can be used to stimulate rhythmic feeling and elementary mathematical awareness. Gradually lead into the sessions by allowing the child to experiement with a small selection of instruments. Then, show ways of using the instruments. Shape or illustrate various rhythms. To shape, physically move a person in a desired way. To illustrate, allow a person to feel what one is doing by touching the other's body and/or instruments. As the children become familiar with a few instruments, increase the number in order to provide a rich background. Also, increase the complexity of the rhythm.

Footnotes

1. Janet Pomeroy, Recreation for the Physically Handicapped (New York: The MacMillan Company, 1970) p. 257.

2. Bryant J. Cratty, Movement and Spatial Awareness in Blind Children and Youth (Springfield, Illinois: Charles C. Thomas, Publisher, 1971) pp. 8-9.

3. *Ibid.*, pp. 5-7.

4. Webster's New World Dictionary (New York: The World Publishing Co., 1960) p. 1251.

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Pomeroy, Janet. Recreation for the Physically Handicapped. New York: The MacMillan Co., 1970.

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Activity Guidelines and Suggestions for Rhythm, Music and Dance

by

Gene Hayes
Paul Cotten
Vicki Wright

Outline

A. Introduction of Activities

1. In the Barn Yard. This is a record with instructions of acting like animals and associating sounds.

2. March around the circle-marching rhythm.

3. Elephant - utilizes concept of slow and fast.

4. Listening record with a variety of sound and movement.

B. Activity suggestions from Vicki's list.

1. Body exploration - tell kids to move certain parts of their body to music - e.g. wrists - move around together what do you do with wrists together, singularly? Fingers - all ten of them, hips, knees, and kles. parts of the body - this can be used as a method of expression.

2. Ice breaker activities:

    a. To music - couple up - put hips together and move about room - elbow's together, heads together - this is to encourage social experience and also give them tactile experience.

    b. Break up into circles - this is a group thing where they connect hands - should be an inner circle and an outer circle. They connect under the leg and move around the circle - this is a fun, exciting activity.

There are various ways in which children can be stimulated by vibrations among some of these are the suggestions of Dr. Cotten.

Adaptabilities: Speakers on wooden boxes so children can climb in boxes. There is value of putting speakers on the floor - let the children go barefooted.

Values and Purposes of Music by Dr. Cotten

Motor Development allows a child to be aware of his body in space child has opportunity to explore his body in space.

Dear-Blind - Let music assist in developing motor and coordination skills - grasping skills.

Have to work with communication rather than language development. Both verbal and non-verbal.

There is a parallel cooperation in developing skills the ugh music therapy - through play they can learn various concepts of cognitive development - up, down, all concepts need to be taught to children - during play and socialization they have fun while learning.

Dancing - head to head is a means of cooperative play. It is important to introduce new ideas and experiences to the person. Get them out to public places such as ballets and dance recital. Give them experiences. "Don't play little games for little People". Let them grow up. There are numbers of deaf-blind individuals who are intellectually smart give them a chance to prove it.

The best way to utilize music and rhythm with patient is by imitation and pacing for child will do the same.

Creative movement - machine - this is a game of touch too where the children one at a time create a machine and act it out - the one person stands in the middle make the movement and sound comparable to machine and the next person connects to the machine etc. until everyone is connected.

It was agreed that one of the most important aspects of body movement to rhythm, music and dance is imitation. Through rhythm, music and dance a deaf-blind child can be moved to a higher functioning level.

Rhythm: To develop adaptations body rhythm, and stress body awareness they suggested that many different body parts and surfaces should be used. This can develop gross motor and fine motor skills. When tapping out rhythm they suggested that there be a leader to establish unison and that this leader can tap on floor, lap, table top, ect. preferably body parts to reinforce body awareness also.

There is a need for a variety of rhythmic kinds of experience.

Guitar
Piano - back you have sound board - put childrens hands on it.
  Baby grand has more room much more feasible.
String bases
Drums

The object of the above instruments is to enable as many hands as possible to provide rhythmic experience, and receive kinesthetic feedback.

Water and rhythm program is great for stimulation splashing, pulling - but be sure not to get water in eyes or they will be frightened off.

Considerations - emphasize rhythm, amplification to see if it's working.

Suggested devices - phonic hearers

Shoes should vary giving different experiences - tap, ballet, hard and barefoot, etc.

Surfaces should vary - air mattress, floor, water, etc.

Suggested Resources: See attached bibliography submitted by Vicki Wrigth - Records and following listing.

Readings will be sent by Gene Hayes - Journal of Music Therapy suggested by Dr. Cotten.

Video tapes can be reproduced by William Gennes, The Music Room, just send blank tape and pay for postage.

Deaf-blind Perkins school will send annotated Bibliography.

Records - ****Hap Palmer records - He also has pamphlet that narrates Animal Alphabet - produced by Howard Scott - GOlden Records.

Music for Movement Exploration - Consultation, Karol Lee Educational Activities.

Music for Creative Movement - Kimbo Educational Records

Developing Every Day Skills - Kimbo Records, William Janiak

Learning Basic Skills Through Music - Activity Records Educational Act.

Activity Sessions:

Dr. Gene Hayes
Dr. Paul Cotten
Ms. Vicki Wright
Ms. Jan Thomas

Recorder: Piji White

Activity Suggestions

1. In close formation one or two persons tap out a rhythm on the floor or on another person, then the rest of the group joins in last to stop is next to start the rhythm.

2. A leader crawls, walks, whatever while the rest of the group adjusts their steps to the leader. The leader may vary the pace. This can be and should be done in many formations.

3. Establish different rhythms in the game "You must pass this shoe (spoon, what ever) from me to you." Tap the object on the floor and pass it to the next person while everyone taps on the floor or sings and keeps the rhythm.

4. Use body parts as instruments of expression in any of the following series of activities:

   Face-make faces, stretch it, twist it, make, it wide, narrow, short, long, round, flat corrked, move just parts of the jaw.

   Head-sit down, close eyes, see how many ways you can move head, turn it, drop it, shake it, move it backward, forward, everyway, gradually let your whole body move in the "head dance."

   Shoulders - move them together, separately, up, down, around.

   Elbows - make movements elbow - y

   Wrists - move them together apart, up, down, over, under, in parallel motion.

   Fingers - move all 10 in every way imaginable.

   Now move fingers, wrists, elbows, shoulders, head, then the jaw and trunk.

   Hips - in side lying, back, stomach positions, move hips.

   Knees - on your back, move knees up into the air.

   Ankles - can you move the ankle without moving the foot.

   Toes - in cross legged position, move toes singly, together.

   Feet - together, separately, etc.

   Now add feet, toes, ankles, knees, hips, legs trunk.

   Move just the arms and legs, elbows and knees, shoulder and hips.

Can do the above series in the following positions.
- lying on the front
- lying on the side
- lying on the back
- standing
- on 2 feet and 1 hand
- on 1 foot and 1 hand
- on 1 foot and 2 hands
- on 2 knees and 2 elbows
- on all 4's

5. Provide tactile and social experiences in the following bodily contact themes.

   Perform head duets on trio - all the heads touch during the dance.
   Perform arm and leg trios
   How about leg quartets?
   Hold hands in many different group formations. Can use same or changing hands
   Hold hands with arms crossed, under legs, around heads.

6. Encourage kinesthetic rhythmic awareness in the activities below:

   > "Lie quietly on your back and think about the feeling of non-movement." Close eyes, palms up. Relax whole body. Relax face, feet, hands, etc. Remain on your back and being to move body in any way. Use parts of body, whole body. Move fast, slow, smooth. Be aware of the movement. Feel what your muscles are doing. Move in sitting and standing positions. Now move around the room.

7. Help define body space and body parts by putting the children in and moving them and different body parts though hoops, boxes, ropes, barrels, etc.

8. Contribute to bilateral integration and spatial awareness by using crepe paper streamers - making figure 8's circles, etc.

9. Combine many of the senses in the activity called the "Machine." One person starts in the center of the circle. This person makes a movement and, if possible, a sound. One by one the rest of the group joins the machine in the center of the circle. Each one connects somewhere on the machine and continuously makes his movement and noise.

Other ideas for dances.

1. A cough, a sneeze a laugh, a tiny grain of sand, the wind, a blizzard, animals and people at a circus (tight rope walker, juggler, dancing bears), greetings such as "Hi", "Hello", "Morning".

2. Driving dad's car: stopping, starting, turning corners, parking, shifting.

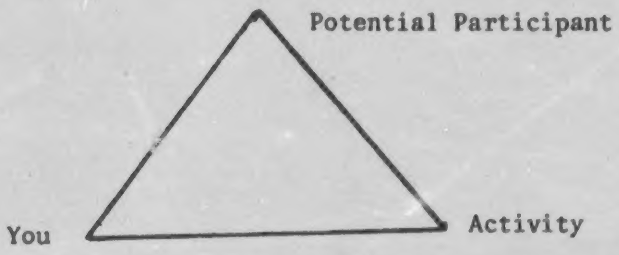
3. Preparing meals, cleaning house, and other home chores.

4. Household items, machinges andother objects: vacuum cleaner, typewriter, telephone, toaster, popcorn popper, coffee pot perking, broom, can opener, washing machine.

Social Recreation for the Deaf-Blind
by
Fred Humphrey

When considering the target population whcih is the exclusive concern of this Institute, the deaf-blind, I feel like the two cows that were grazing in a pasture along Interstate 80 and looked up to observe a passing dairy truck. In large letters across the side of the truck was a sign proclaiming that this dairy farm sold only pasteurized, homogenized, Grade A, Vitamin D fortified milk. One cow was heard to remark to the other, "Certainly makes you feel inadequate, doesn't it?" In a serious snese, inadequacy is no exucse for the generally non-existent status of services for the deaf-blind at the present time. In the same vein, the comparatively small target populayion which is represented by the deaf-blind is no excuse for our failure to this date to adequately address ourselves to this issue. It has been said that a civilization can be judged by the extent of its efforts in behlf of the least of its members. Our fellow human beings who must encounter life on a daily basis within the context of the combined limitations of hearing and visual impairment fully qualify as the "least of our members" in terms of the service efforts they have recieved from us. I have always considere social recreation--the specific topic of this session--to be a highly ambiguous and meaning less category within the framework of activity nomenclature we generally employ. Instead of social recreation as an area of programming with reference to the deaf-blind, it is suggested that we consider the potential inherent in the recreation experience as a whole through which social integration of the individual may occur. Any recreation experience which results in even the slightest movement of the individual along the continuum toward greater interaction as an accepted member of society represents the eiptome of social recreation.

To provide a very simple conceptual framework for our discussions this morning, let us consider the Activity Involvement Triad.



Time does not permit a detailed analysis of this very basic triad, but for discussion I would like to toss the following outline of concepts, issues and examples at you:

I. Neutrality of activity

  (a) Activity analysis
  (b) Modification of activity
  (c) Hardward support

II. Understanding the Potential Participant (Cognitive, Affective, Sensory-motor)

  (a) Functional limitations
  (b) Functional strengths

III. Integrative Approaches

  (a) Tool vs. machine
  (b) Modeling technique
  (c) Implications for Therapeutic Recreation

Working Paper for
Sports and Athletics for Deaf-Blind
by
Hollis Fait

Rationale for the Activity

Contrary to the frequently held concept, participation in sports and athletics is not an activity only for the physically superior. Physical limitations need not - and should not limit the opportunity to participate in competition with others. With respect to the deaf-blind such opportunity remains to be provided. It may be argued that effort and money spent in promoting participation by the deaf-blind in sport activities could be better spent in developing other phases of the physical activities program that are of greater benefit and value to them. When the importance of the athletic program is so exaggerated that it takes precedence over other programs in honor, prestige, and budgeting considerations, the argument is entirely justified. However, if the program is developed and conducted in the perspective of desirable goals and with concern for the welfare of the individual particpants, the program can offer unique opportunities to the deaf-blind player with exceptional motor skills who otherwise would be denied the experience of sport competition.

Goals - Expected Outcome

Agency - The goals for the agency in the promotion of an athletic program may include:

1. Provide a wide variety of activities for various levels of ability.
2. Promote the values that accrue from participation in vigorous activity.
3. Enable the deaf-blind individual to take part in activities in which the general population participates.
4. Encourage the appreciation of the ability of the deaf-blind by the public at large.

Recreation Program and Activity - A competitive sport program does effect positive changes in the personal conduct, health, and fitness of the participant. However, such changes do not occur automatically, nor are they as extensive as generally claimed; desirable attributes of personal growth and development are promoted only when the program is consciously directed toward their achievement. The following list represents objectives that can be realized if the competitive sport program is conducted so as to provide experiences conducive to positive changes in the participants.

1. Show improvement in physical fitness tests.

2. Develop motor skills to improve ability to perform in the game (especially skills in life time sports)

3. Develop poise and confidence so as to be willing to participate in motor activity whenever the situation is appropriate.

4. Enjoy participation in sport activity.

5. Increase knowledge of the activity in order to participate effectively in it and participate as a spectator.

Evaluation of Outcome

Any program that has objectives should have some sort of evaluation process to determine the degree to which the objectives are met. It is suggested that different evaluation procedures be used including survey techniques, objective observation by the supervisor, and selected tests.

Specific Techniques

Some sports are more appropriate than others for participation by the deaf-blind. Highly skilled deaf-blind individuals may participate competitively against anyone in the following activities with a minimum amount of adaptation:

1. Wrestling

2. Diving

3. Rebound tumbling and selected tumbling and gymnastic activities

4. Field events such as shot put, javelin throw, standing broad jump, and standing high jump

5. Distance throws (baseball, football and basketball)

6. Swimming Events - use of touch technique or bass drum for starting

7. Horse showing

Activities that require some modification to enable the deaf-blind to engage in competition with anyone are:

1. Archery - use of aiming pole and appropriate backdrop behind targets.

2. Basketball Free Throw - use of a seeing person to help determine direction of basket and whether the ball went into the basket.

3. Bowling - possible use of guide rail and help by a seeing individual to determine which pins are left standing.

4. Golf - play with a seeing person to locate the ball and indicate direction and distance of green and hole.

5. Boccie - use of a seeing person to determine where balls are located and the use of a diagram board in which checkers are used on a small board to show location of the balls by feel.

6. Track Events - use of overhead or hip-high guide wires and touch technique of bass drum for starting.

Activities requiring a considerable amount of adaptation for use in competing with other blind or deaf-blind participants are:

1. Newcomb - change of rules to include trapping the ball on the floor - in bounds as a fair ball.

2. Wall Ball -

Activities not usually presented as competitive sport events but which could be set up as such for participation by the deaf-blind with wnyone include:

1. Bag punching

2. Various relay races such as the overhead pass and the between the legs pass

3. Roller skating racing

4. Rope climbing

5. Canoeing and boating

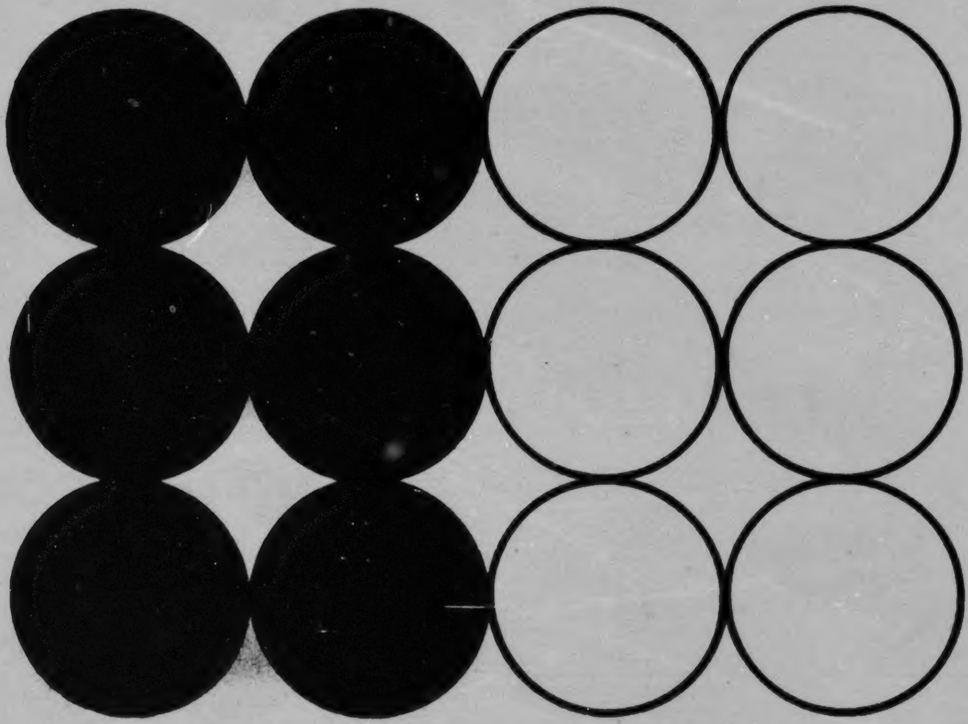
6. Sailing

7. Skiing

8. Water Skiing

9. Ice skating

CHAPTER VI. PHYSICAL ACTIVITIES



This special Chapter was prepared by the writers based on their experience in Colorado and Michigan as well as consultation and work in various other states. It is a major contribution to the development of the "state of the art" in recreation service for deaf-blind.

INTRODUCTION

Filling the Needs of the Deaf-Blind - An Acrostic

Through this acrostic spelling of deaf-blind, Dr. James F. Garrett, Assistant Administrator of Research and Demonstrations in the Social and Rehabilitation Service, has neatly summarized the needs of this too often forgotten part of our population. I like this because it has its relevance to those of us who teach and train multi-handicapped children and youth.

D - Detail, painstaking

E - Effort, by both client and staff

A - Adjustment, the goal for the client

F - Facilities, a myriad of them needed for success

B - Belongingness, all of us want and the deaf-blind seldom have felt

L - Language, communication skill, fundamental

I - Individuality, differences

N - Numbers, thank goodness, small

D - Diversity, needs, ways of marking, personnel and resources

SECTION I

Perceptual-Motor Development
of
Deaf-Blind Children

by
Louis M. Tutt

I would like to approach this presentation in two sections so as to tie each factor in and put this whole matter in its proper perspective. The two sections are: (1) motor vernacular, and (2) some motor problems of the young deaf-blind (Rubella).

I think it is imperative that we look at and scrutinize the various but related vernacular used in the area of motor development. What exactly is motor development? Well, motor development includes the growth and elaboration of the nervous and muscular systems of an individual. It is a continuous process which is affected by many factors, two of the major ones being maturation and experience. Maturation, of course involves orderly changes in development based upon a necessary aging or temporal element. Experience denotes all environmental interactions, including specific movement training an individual may receive. What about perceptual-motor development? This area incorporates the processes of organizing the environmental stimuli which is nothing more than sensory input; and then integrating them on the basis of past experiences and present circumstances; and reacting in a way which is meaningful to the individual, which is motor output.

Then there is gross motor development which entails the employment of large muscle groups and generally involve the whole body. The counter part of gross motor is fine motor development wherein you have tasks which are generally confined to small muscles of the extremities. These are often manipulative movements which are related to the development of eye-hand coordination. You will also hear people speak of locomotor development. This pertains to patterns or skills whereby the individual moves or propels his body through space. This includes rolling, creeping, walking, running, jumping, and related tasks.

Now, motor skill development, which by the way, is specifically our area of training, includes a particular type of body movement which is dependent on a certain degree of muscular control, and which may be learned or improved through physical repetition. Hopefully, though what has been cited the individual should develop a motor pattern. A motor pattern refers to the movement characteristics in the performance of physical skill. There are identifiable stages of sequences of motor patterns in a particular motor skill. After all of this we can finally look at and access or evaluate motor components. There are seven basic movement qualities. Now, the extent to which they are developed determine an individual's general motor ability. The seven motor components are: agility, balance, coordination, endurance, flexibility, speed, and strength.

Now, perceptual-motor development, as I stated before, merely incorporates the process of organizing the environmental stimuli which is nothing more than sensory input; and then integrating it on the basis of past experiences and present circumstances; and reaching in a way which is meaningful to the individual which is motor output. Otherwise in order for perceptual-motor development to occur there must be some kind of sensory stimulation with some sort of motor action as a result.

Along these same lines, visually unique and deaf-blind children will be behind in their development because of the defect in vision and audition. But many visually unique children start to catch up and adapt in many areas when they can interpret auditory stimulation. With deaf-blind children, the period will be somewhat longer. The parent and teacher become highly focal in the early lives of their children and exposing them to motor activities becomes very important. Tactual stimulation and mutual movement are the first methods of teaching to employ.

Now the types of sensory stimulation I am referring to are: visual, auditory, and tactile, even though sometimes with our deaf-blind children, if you don't smell the right way or if your arm doesn't taste good when it is bitten, you chance at promoting perceptual-motor development might be practically nill!

In relation to the five organs of sense a former physical education teacher and now professor of child psychology in the Netherlands, says in her opinion, a fundamental sense stressed too weakly is the orthostatic sense, connected with the vestibular system. She goes on to say that together with the other senses this one stimulates the coming into being of the body-image, which in its turn is to be considered as partly determined for the birth of the ego-consciousness. What she is saying is that in normal child development, there is some inter-play between vestibular sense and vision; between vision and audition; between vision and tactile; and between audition and tactile. The proprioceptive sense then provides the data for the orthostatic sense.

Along with this, you will find that if a child has a deficit in motor development his sensory and cognitive development will also be affected. If there is a sensory deficit there will be some motor and cognitive retardation: Are you ready for this? If there is a lack of love and basic security the consequences might be sensory, motor, cognitive and even total retardation. The body-image of children can be treated this way:

- the pre-reflexive level which is the unconscious state;
- the sensory-motoric level which is the experience of the body as a quality of totality;
- awareness of another person which can be seen, heard, and/or felt

With deaf-blind children if they have more vision we try to potentiate this sense; if they have mre audition we try to potentiate this sense; and if both senses of vision and hearing are quite deficient we employ tactile stimulation.

Let us take a quick look at four theories of perceptual motor development.

The Theory of Cortical Integration - Carl H. Delacato

Movement activities at various developmental levels will somehow improve the functioning of various parts of the central nervous system, which in turn will positively influence other peripheral processes (vision, audition,etc.) purportedly mediated by the same portions of the brain which control the motor functions practiced.

Recent research suggests that the validity of this theory is questionable. Three investigators all failed to find any appreciable gain in intelligence, reading, or in perceptual functioning on the part of children who participated in a program of cross-pattern creeping and crawling. As a result of this research, the methodology has been widely condemned by professional groups in the U.S. and elsewhere.

Newell C. Kephart
The Theory of Perceptual Training Through Movement-G.W. Getman
Ray H. Barsh

All learning stems from motor functioning, which contributes to perceptual development, which in turn forms the basis of intelligence.

Two investigators found no significant differences in academic achievement and in reading evidence by experimental groups exposed to this type of training.

The Dynamic Theory - James N. Oliver

Improvement in academic and intellectual processes will derive indirectly, as motivating and successful experiences in play are realized by children, which will in turn heighten self-concept and a willingness to try harder at academic as well as at motor tasks.

Research during the past ten years is only partially supportive of this theory. Two investigators here found that, in general, traditional motor activities applied to retardates will result in the improvement of motor functions while little gain in I.Q. may be expected.

Bryant J. Cratty
The Central Cognitive Theory-James Humphrey
G. Lawrence Rarick
Geoffrey D. Broadhead

Movement activities which provoke thought may improve intelligence.

Now, current research findings suggest that retarded children be taught to think more efficiently through movement to the extent to which they are encouraged to think about the movement activities they engage in.

Despite the apparent validity of this statement, however, it is often difficult to know just how to encourage retarded children to think when moving or prior to performing a motor task. It is also difficult to determine just what a retarded child should or can think about prior to engaging in various physical activities.

Finally, with these factors in mind, we are attempting to devise a motor skills program that incorporates movement exercises which will aid deaf-blind children to some degree acquire and retain certain academic and cognitive skills.

At this point I would like to finish up by relating to you some of the motor problems of the deaf-blind and what we do to diminish these problems. Let me add here to that when I use the term deaf-blind you can substitute for that pre-school blind child because this program would also facilitate and diminish similar motor problems among this unique group.

Motor problems of the deaf-blind are not a simple combination of the motor problems of deaf and motor problems of the blind. Typical problems of the deaf are:

Delay in directionally and laterally and often reduced reaction time in response to auditory areas.

Typical Problems of the blind are:

Body image distortions, veering, sensitivity to inclines, overturning small facing movements, underturning large facing movements, obstacle sense, and position relocation.

Every deaf-blind child presents a different constellation of motor problems. Because of the complex nature of the motor problems of the deaf-blind a single program to fit the motor needs of a class of deaf-blind children generally will not be effective.

General objectives for motor programs for the deaf-blind would include:

1. Prevention of superimposed deformities.
2. Reduction of random or stereotype movement.
3. Decrease abnormal total body patterns (if present).
4. Increase capacities to perform functional activities.
5. Utilization of whatever auditory and visual cues which can be potentially received.
6. Increase sensory-motor integration by developing cutaneous, proprioceptor and kinesthetic capacities.

A single appraoch to increasing motor function in the deaf-blind is to first of all recognize the problems and then focus in or on major difficulty.

Most motor programs for the deaf-blind fail because (1) they fail to set appropriate expectations for function by the child or (2) there is inconsistency in implementing the intervention. As a result there are some general rules for facilitating motor function in the deaf-blind.

1. The deaf-blind need more stimulation in facilitating normal developmental milestones.
2. The deaf-blind may have to be moved into position and be propped in that position or held in order to develop the capacity to assume it independently.
3. The deaf-blind need actual help in order to learn motor activities (co-active).
4. The deaf-blind require gradual increments of function rather than totally new motoric experiences. The "linking function" is essential to avoid confusion and/or panic.
5. The deaf-blind require a longer period to effectively master a task.
6. The deaf-blind require help in associating a movement with a goal.
7. The deaf-blind should be talked to and signaled to in keeping with the highest potential utilization of those senses which they might have.
8. The deaf-blind should be encouraged to perform motor activities as slowly as possible initially.

Now, the most critical period in gross motor development is the beginning of locomotion in the bipedal or upright position, otherwise walking. A good rule: Daily practice is compulsory. Until a child walks, very few new activities can be started.

Motor "mannerisms" associated with the deaf-blind must be stopped early. If possible, do something constructive, interesting or distracting when they occur. It is far better to correct than to punish a child when "mannerisms" occur. I like to tell visitors to our program that many times the child's behavior may pre-empt his performance.

In conclusion, it would seem to me, and I hope to you, that the highest type of motor program for the deaf-blind or the pre-school visually unique or the regular pre-school child is one in which motor activities are structured to enhance intellectual competencies. I believe that motor skills do contribute to the child's cognitve learning.

Otherwise, when a child has discovered that he can utilize his body for representation, to express himself, then he is ready for the introduction of a program that is most appropriate for that individual child, and one of those is recreation..

Motor Development: The Basis for Total Development

by

Janice K. Thomas

> "Shall they be handicapped with feebleness, awkwardness and helplessness in addition to blindness? The surroundings of the blind do not favor the development of activity, self-reliance and independence. Parents and friends find it easier to attend to the wants and requirements of their blind children than to teach them to be self-helpful in the common acts of everyday life... As a rule the vitality of the blind is much below the average vitality of seeing person, and any system of education which does not try to overcome that defect will be a failure. It is the lack of energy and determination, not the want of sight which causes so many failures among the blind. Even if a blind person becomes an accomplished scholar, a good musican, a skilled mechanic who will employ him if he is timid, awkward and helpless? He must have faith in his own capacities and be able to inspire confidence in others... Without confidence, courage, and determination to go about freely in the world there is no chance of success for a blind person, and that confidence and courage are given by the playground and gymnasium." (Buell, 1953)

Although, Charles Buell was referring to the blind when he wrote the quotation which I just read, I believe it is applicable to the deaf-blind population as well. Indeed, motor development is essential to the entire development of the deaf-blind child.

The deaf-blind child is "incapsulated in his own body." Guldager (1970). He is trapped within himself; oblivious to the world around him. People and objects exist only for one purpose; self-stimulatory activities. A motor development program helps the child discover himself and once he realizes he has two arms and legs and two hands that can hold, turn, twist and throw he begins to discover his environment. Then in turn, as the child explores his environment he learns more about himself. By moving through an obstacle course the child finds he can crawl under a table, walk around a hula hoop, crawl through the barrel, climb on and over the horse. He discovers how he can move; the size of his body; that he can not hide in a shoe box.

Jones (1967) declares that the foundation of academic learning is the development of a body concept and Van Dijk (1968), the father of co-active movement, encourages movement for discovery. He believes the body is the basis for communication. "An American psychologist says that our basic concepts are built upon motor patterns, not on our tactual sensations, form or shape. A thing for a little child is what he can do with it." Van Dijk (1968)

Many motor activities require perceptual skills and a concerted effort should be made to combine motor with perceptual tasks whenever possible. For example, the children can learn to alternate feet when made to step over the rungs of a ladder and match the colored tape on their shoes with the colored construction paper placed in the spaces of the ladder. Drawings of the objects in an obstacle course may be constructed and are quite useful. We have found the use of six-point figure illustrations invaluable during our tumbling unit. Notice the "X" which simply serves as a point of reference for the child and the arrow which points from the left to the right. In a study I did in the deaf-blind department at Michigan School for the Blind, we found that without the "X" the child would start at the right end of the mat and move forward from right to left when shown an illustration of a figure moving backwards. It is apparent a motor skills curriculum offers activities that are vital to the deaf-blind child's cognitive development.

Many activities included in the motor program at C.S.D.B. require social interaction as well. The children push each other on scooter boards; pull each other on gunny sacks and ride on each others' backs in crawl fashion. They learn to take turns and work together. I believe more socialization is necessary in motor activities than in any other type of activity included in most educational programs for deaf-blind children.

The inherent value of motor activity within itself is often overlooked, despite its importance. The deaf-blind child must be taught many basic motoric skills which normal children seem to acquire naturally. Do you remember learning to jump or run? For many deaf-blind children learning to jump down from a chair is a monumental feat. Balance is dependent upon muscular sense and a visual orientation. Could every one please stand up. Now close your eyes and then lift one foot. This demonstration should give us some insight into the balance problems of the children we teach. Have you observed the deaf-blind children in your program going up and down stairs? The balance and eye-foot coordination problems deaf-blind children have will once again become vividly apparent. The muscular strength and flexibility, cardiovascular endurance, general coordination and fitness of most deaf-blind children are also way below par. Many programs do not have a full-time motor skills specialist. It is up to the classroom teacher, aides, and houseparents to see that these children engage in activities to improve their basic motor abilities and which affect their cognitive and social development as well.

The motor development program teaches the deaf-blind child how to play constructively. The underlying objective of such a program should be to have fun. Lou Tutt, motor skills specialist in the deaf-blind program at Michigan School for the Blind, a close friend and co-worker, describes himself as a "fun specialist." Once the child has acquired some basic motoric abilities he can profit from a recreational program. Many of the activities taught in the motor skills program soon become "favorites" and the children will want to engage in these activities during their "free" time.

Does all learning cease at 3:00 o'clock? I hope not! Motor activities are ideal for after school hours. At C.S.D.B. we have set up a program of recreational circuits. A circuit may be defined a several different activities performed in separate designated areas for a specific time. Directions are posted at each station so the after school aides know just what to do. We do not have access to a gymnasium very often so classroom, hallway and even dormitory space is utilized. Approximatley ten minutes is spent at each station. The number of circuits possible is limited only by one's imagination. In the slide presentation you will see the type of activities that can be included in circuit training and I also have a video-tape on ciurcuits and other Saturday activities which I can show at 3:30 PM for those who are interested.

What are you going to do the next time the classroom teacher asks you to work with John on "motor?" First of all, I hope you will realize the importance of your task. Motor development is basic to the development of the whole child. How can we expect John to imitate the fine movements involved in finger spelling or speech until he can imitate gross body movements? Repetition is a necessary evil with deaf-blind children and over-learning motor skills is necessary so that the skill becomes part of the child's motor repertoire. Therefore, I hope you will do the "monkey walk" and other pre-tumbling skills until you can't stand it any longer! Finally, I hope the slide presentation will give you some new ideas which you can incorporate into your own programs before and after the magic hour, 3:00 o'clock.

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SECTION II

Evaluation and Assessment
Motor Skill Goals at the Deaf-Blind Department
Michigan School for the Blind

by

Louis M. Tutt

1. To Introduce to Each Child a New Environment for Exploratory Movement.

2. To Help Each Child Improve His Kinesthetic Awareness.

3. To Teach Each Child New Physical Skills.

4. To Help Each Child Develop Improved Body Image and Self-Concept.

5. TO HAVE FUN.

Instructional Purposes

1. To determine the present level of motor skill development and motor readiness of each child.

2. To assess locomotor skill development of each child.

3. To assess body image and object concept of each child.

4. To assess audition and vision by employing materials and equipment relative to the child's potential.

5. To assess eye-hand and eye-foot coordination.

6. To retain growth charts and take height and weight measures twice yearly on each child. Compare normal and "stree" motor skill development.

7. To promote social and emotional interactions of the Deaf-Blind child through group motor skill activities.

8. To plan activities and experiences that are conducive to transfer of training and motor skills acquired and retained.

9. To make specific recommendations for each individual child as related to his motor skill development.

10. To instruct the staff and family members on method of stimulating and motivating further motor skill development.

*This Motor Skills Program is not a teaching manual.

Evaluation Techniques
by
Janice K. Thomas

Evaluating the motor performance of deaf-blind children is an extremely difficult task. "Erratic," has to be the best one word description of their progress. Many multi-handicapped children are not easily motivated to improve. They pay no heed to the unwritten social law upon which much learning is based; the desire to please. Such a child may be able to do a forward roll but if he doesn't want to do one when the motor skills specialist is testing him, no amount of coaxing will persuade him to perform his best. Non-social reinforcers such as cookies, candy, cereal, etc., are often helpful but some deaf-blind children are tactile-defensive and will not respond to such rewards. A "good-bad" chart with stars might be more effective with the tactile-defensive child.

Because of this motivation problem, the motor skills specialist evaluation should be a continuous one over the period of an entire unit. A daily log should be kept on each child. Task analysis charts are invaluable. (Fig. 1-1)

Forward Roll	Independently	Some Help	Much Help
1. Gets into initial position.			
2. Tucks head.			
3. Pushes with hands.			
4. Pushes with foot.			
5. Rolls straight.			
6. Gets into position to repeat.			

(Fig. 1-1) Portion of Task Analysis Chart

Besides being an excellent way of keeping a daily record of progress, task analysis charts break down complex motor skills into their component movements. This enables the motor skills specialist to note even small steps towards improvement. Because progress is usually quite slow when working with multi-handicapped children, an instructor may become easily discouraged if he constantly focuses on the whole skill. Task analysis charts move the key focal point from overall performance to the small parts that make up each motor skill. Figure 1-2 illustrates how task anlaysis data may be tallied.

Date	# Of Skills Done Independently	# Of "Some Help's"	# Of "Much Help's	Total# Of Skills
1-15-74	18	10	6	34
1-16-74	22	6	6	34
1-17-74	26	5	3	34
1-18-74	22	6	6	34
1-19-74	23	2	9	34

(Fig. 1-2) One Method of Tallying Task Analysis Data

If task analysis is not feasible for a particular unit due to the activities included or lack of time, a simple grid may be constructed for daily notes. (Fig. 1-3)

NAME/ ACTIVITIES	S.	J.	N.	T.
1. Simon Says a.) Head b.) Front c.) Feet	a.) B+ b.) A- c.) A	a.) A b.) C c.) B+	a.) A- b.) B c.) C+	a.) B- b.) C c.) C-
2. Obstacle Course	53.2 sec. C	30.6 sec. B+	40.2 sec. C+	33.9 sec. B-
3. Moves box in relationship to body planes	C	C-	D	B+
4. Push cart thru weave.	C+	B	C-	A

(Fig. 1-3) Daily Grid for Note Taking

Such a grid may also serve as a daily lesson plan.

The following grading scale has been employed quite effectively in the author's work with deaf-blind children:

A = Performs independently most of the time.
B = Can perform independently but usually requires some prodding.
C = Can perform with some tactile assistance.
D = Can perform with much tactile assistance.
E = Cannot perform at present.
NA - Not Applicable.

Grades may be recorded daily on a grid, thereby, shortening note-taking time. (Figure 1-3) Emphasis should be placed on the difference between pre-test and post-test grades. Abbreviated behavioral objectives for each unit are stated in the form with columns for pre-test, post-test, and review grades.

Objective testing measures should be taken whenever possible. The time it takes J. to run through an obstacle course should be recorded. The number of times he can hop on one foot before touching down with the other foot should be counted and the distance he can long jump should be measured. All of this data will enable the educator to evaluate J's performance more objectively and may lead towards the development of "norms" for deaf-blind and other multi-handicapped children.

Motor Skills Assessment at the
Deaf-Blind Department of the
Michigan School for the Blind
by
Louis M. Tutt

Child's Name____

Date of Birth____

Present Age __________________________________ 1973

Present Age __________________________________ 1974

Present Age __________________________________ 1975

Height ______________________________________ 1973

Height ______________________________________ 1974

Height ______________________________________ 1975

Weight ______________________________________ 1973

Weight ______________________________________ 1974

Weight ______________________________________ 1975

Assessment Date__________

Assessment Date__________

Assessment Date__________

Motor Skills Scale
Deaf-Blind Department, Michigan School for the Blind
by
Louis M. Tutt

Locomotor

__________ Walks Independently
__________ Walks with assistance
__________ Does not walk
__________ Runs independently
__________ Runs with assistance .
__________ Does not run
__________ Jumps independently
__________ Jumps with assistance
__________ Does not jump
__________ Jumps from a height independently
__________ Jumps from a height with assistance
__________ Does not jump from a height
__________ Jumps over an object independently
__________ Jumps over an object with assistance
__________ Does not jump over an object
__________ Jumps rope independently
__________ Jumps rope with assistance
__________ Does not jump rope
__________ Hops independently
__________ Hops with assistance
__________ Does not hop
__________ Skips independently
__________ Skips with assistance
__________ Does not skip
__________ Gallops independently
__________ Gallops with assistance
__________ Does not gallop
__________ Leaps independently
__________ Leaps with assistance
__________ Does not leap
__________ Slides independently
__________ Slides with assistance
__________ Does not slide

Pre-Tumbling Skills

__________ Log rolls independently
__________ Log rolls with assistance
__________ Does not log roll

__________ Walks balance beam (2" x 4") independently
__________ Walks balance beam (2" x 4") with assistance
__________ Does not walk balance beam
__________ Walks stepping blocks independently
__________ Walks stepping blocks with assistance
__________ Does not walk stepping blocks
__________ Walks stairs independently
__________ Does not fear small base stunts
__________ Fears small base stunts

Ball Skills

__________ Rolls small ball
__________ Does not roll small ball
__________ Rolls medium ball (two hands)
__________ Does not roll medium ball
__________ Rolls large ball (two hands)
__________ Does not roll large ball
__________ Throws small ball
__________ Does not throw small ball
__________ Throws medium ball (two hands)
__________ Does not throw medium ball
__________ Throws large ball (two hands)
__________ Does not throw large ball
__________ Bounces balls
__________ Does not bounce balls
__________ Catches balls
__________ Does not catch balls
__________ Kicks balls
__________ Does not kick balls
__________ Strikes balls with hand
__________ Does not strike balls with hand
__________ Strikes ball with implement
__________ Does not strike balls with implement
__________ Tosses balls into box
__________ Does not toss balls into box

Trapeze Skills

__________ Swings from chair independently
__________ Swings from chair with assistance
__________ Does not swing from chair
__________ Pullover independently
__________ Pullover with assistance
__________ Does not pullover
__________ Pull through independently
__________ Pull through with assistance
__________ Does not pull through
__________ Seat swings independently
__________ Seat swings with assistance
__________ Does not seat swing

________ Scoots forward independently
________ Scoots forward with assistance
________ Does not scoot forward
________ Scoots backward independently
________ Scoots backward with assistance
________ Does not scoot backward
________ Monkey walks independently
________ Monkey walks with assistance
________ Does not monkey walk
________ Crab walks forward independently
________ Crab walks forward with assistance
________ Does not crab walk forward
________ Crab walks backward independently
________ Crab walks backward with assistance
________ Does not crab walk backward
________ Walks on knees independently
________ Walks on knees with assistance
________ Does not walk on knees
________ Duck walks independently
________ Duck walks with assistance
________ Does not duck walk
________ Can walk in wheelbarrow
________ Cannot walk in wheelbarrow
________ Can creep and carry peer on back
________ Cannot creep and carry peer on back
________ Forward rolls independently
________ Forward rolls with assistance (heavy assistance)
________ Does not forward roll
________ Backward rolls independently
________ Backward rolls with assistance
________ Does not backward roll
________ Head stands independently
________ Head stands with assistance
________ Does not head stand
________ Cartwheels independently
________ Cartwheels with assistance
________ Cannot cartwheel

Balance and Coordination Exercises

________ Grasps
________ Does not grasp
________ Climbs up and down ladder independently
________ Climbs up and down ladder with assistance
________ Does not climb up and down ladder
________ Walks incline board independently
________ Walks incline board with assistance
________ Does not walk incline board
________ Walks incline ladder alternately independently
________ Walks incline ladder alternatley with assistance
________ Does not walk incline ladder alternately

Doorway Chinning Bar - None Available

__________ Pullover independently
__________ Pullover with assistance
__________ Does not pullover
__________ Pull through independently
__________ Pull through with assistance
__________ Does not pull through
__________ Inverted hang independently
__________ Inverted hang with assitance
__________ Does not hang inverted

Aquatic Activities

__________ Fears water
__________ Does not fear water
__________ Enters water via pool ladder independently
__________ Enters water via pool ladder with assistance
__________ Does not enter water via pool ladder
__________ Enters water via feet first jump independently
__________ Enters water via feet first jump with assistance
__________ Does not enter water via feet first jump
__________ Wades in shallow water independently
__________ Wades in shallow water with assistance
__________ Does not wade in shallow water
__________ Prone floats independently
__________ Prone floats with assistance
__________ Does not prone float
__________ Prone glides independently
__________ Prone glides with assistance
__________ Does not prone glide
__________ Back floats independently (once into position)
__________ Back floats with assistance
__________ Does not back float
__________ Blows bubbles
__________ Does not blow bubbles
__________ Submerges head under water
__________ Does not submerge head under water
__________ Kicks
__________ Does not kick
__________ Dog paddles
__________ Does not dog paddle
__________ Modified crawl stroke
__________ Does not crawl stroke with modification
__________ Modified back stroke
__________ Does not back stroke with modification
__________ Treads water
__________ Does not tread water
__________ Jumps from one meter board
__________ Does not jump from one meter board

Progress Report -- Gross Motor Skills at the
Deaf-Blind Department
Colorado School for the Deaf and the Blind
by
Janice K. Thomas

Student: ____________________

DOB: ________________________

Date: _______________________

Height: ____________ Weight: ____________ Taken: __ __/ _______

Height: ____________ Weight: ____________ Taken: ______________

Height: ____________ Weight: ____________ Taken: ______________

Key

A = Performs independently most of the time
B = Can perform independently but usually requires some prodding.
C = Can perform with some tactile assistance.
D = Can perform with much tactile assistance.
E = Cannot perform at present.
NA = Not applicable.

A. LOCOMOTOR SKILLS

	Pre-Test	Post-Test	Review
1. Walks forward	______	______	______
a) Proper heel-toe transfer? YES or NO			
b) Correct foot or toe alignment? YES or NO			
2. Walks backwards	______	______	______
3. Runs forward	______	______	______
a) Proper forward lean? YES or NO			
b) Runs competitively? YES or NO			
c) Rope run. . .	______	______	______
d) Shuttle run. . .	______	______	______
e) Relays. . .	______	______	______
f) Runs diamond pattern. . .	______	______	______
4. Runs backwards	______	______	______
5. Jumps on mini-tramp	______	______	______
6. Jumps on spring-o-lene	______	______	______
7. Jumps in place on floor	______	______	______
8. Jumps from a height of 12" with a two-foot landing	______	______	______
9. Jumps over objects	______	______	______
10. Jumps forward 8 - 10" from a standing position	______	______	______
11. Jumps forward 10" or more from a standing position	______	______	______
12. Jumps vertically 2" or more	______	______	______
13. Jumps rope	______	______	______
14. Hops three or more times on each foot without touching down	______	______	______
15. Hops 5 yards without touching down	______	______	______
16. Hopscotch	______	______	______
17. Slides	______	______	______
18. Gallops	______	______	______
19. Skips	______	______	______
20. Leaps	______	______	______
21. Marches	______	______	______
22. Walks on tip-toes	______	______	______

B. BALANCE AND EYE-FOOT COORDINATION

	Pre-Test	Post-Test	Review
1. Stands on one foot for 5 - 10 seconds			
2. Stands in side-stride position on bench (12" high X 12" wide) for 5 - 10 seconds			
3. Stands in forward-stride position on bench for 5 - 10 seconds			
4. Slides on bench			
5. Walks forward on bench			
6. Walks backwards on bench			
7. Stands in side-stride position on balance beam for 5 - 10 seconds			
8. Stands in forward-stride position on balance beam for 5 - 10 seconds			
9. Slides on balance beam			
10. Walks forward on balance beam			
11. Walks backwards on balance beam			
12. Walks stairs with rail			
13. Walks stairs without rail			
14. Goes up stairs alternately with rail			
15. Goes up stairs alternately without rail			
16. Comes down stairs alternately with rail			
17. Comes down stairs alternately without rail			
18. Walks stepping blocks			
19. Walks box ladder			
20. Walks box ladder alternately			
21. Walks incline ladder			
22. Walks incline ladder alternately			
23. Walks rung ladder			
24. Walks rung ladder alternately			
25. Climbs step ladder			
26. Climbs step ladder alternately			
27. Climbs rope ladder			
28. Climbs rope ladder alternately			
29. Walks incline board			
30. Walks see-saw or teeter-totter			
31. Sits on rocker board			
32. Kneels on rocker board			
33. Stands on rocker board			
34. Holds static balance positions			
35. Holds balance when kicking stationary ball			

C. BODY IMAGE, LATERALITY AND DIRECTIONALITY

	Pre-Test	Post-Test	Review
1. Indicates awareness of touch or tactile stimulation by touching body parts and/or looking for object which touched his/her body. i.e., reaches for bean bag or top of head or nods to knock it off.			
2. Moves sideways, not necessarily a slide			
3. Moves backwards			
4. Mutual imitation--instructor imitates child's customary movements when made, child then repeats such movements.			
5. Imitates movements already in his/her repertoire that are visible and/or audible to him/her.			
6. Imitates movements already in his/her repertoire that are not visible and/or audible to him/her.			
7. Visually tracks rolling ball or reaches for it.			
8. Removes a blanket from his head.			
9. Looks under a cup for a favorite toy or treat which he/she was reaching for when hidden.			
10. Looks under a cup for a favorite toy or treat which he/she saw hidden; even if he was not reaching for it.			
11. If the instructor hides a favorite toy or treat behind x, under y and then behind z, the child will look for it under z if he/she has seen the whole process.			
12. Touches the following body parts in imitation:			
a) head			
b) facial features			
c) neck			
d) shoulders			
e) upper arm			
f) elbow			
g) forearm			
h) wrist			
i) hand			
j) chest			
k) stomach			
l) back			
m) hips			
n) buttocks			
o) thighs			
p) knees			

C. Body Image, Laterality and Directionality (Continued)

	Pre-Test	Post-Test	Review
12. q) lower leg	______	______	______
r) ankle	______	______	______
s) feet	______	______	______
13. Touches his/her own body parts when they are pointed to on a picture; doll, etc.	______	______	______
14. Moves objects in relation to body planes imitatively:			
a) Places box so that it touches his/her side	______	______	______
b) Places box so that it touches his/her front	______	______	______
c) Places box so that it touches his/her back	______	______	______
d) Places box so that it touches the top of his/her head	______	______	______
e) Places box so that it touches the bottom of his/her foot	______	______	______
15. Performs stationary body positions in space imitatively.	______	______	______
16. Performs stationary body positions in space when presented with an illustration of the position.	______	______	______
17. Moves through an obstacle course non-stop for 7 seconds.	______	______	______
18. Moves through a weave pattern.	______	______	______
19. Pushes a cart or wheel barrow through an obstacle course or weave pattern.	______	______	______
20. Performs ipsi-lateral movements. i.e., "Angles in Snow" -- moves arm and leg on same side.	______	______	______
21. Performs bi-lateral movements. i.e., "Angles in Snow" -- moves arms only or legs only.	______	______	______
22. Performs cross-lateral movements. i.e., "Angles in Snow" -- moves right arm and left leg only or left arm and right leg only.	______	______	______

D. TUMBLING SKILLS

	Pre-Test	Post-Test	Review
1. Log roll	______	______	______
2. Forward scoot	______	______	______
3. Backward scoot	______	______	______
4. Knee scoot	______	______	______
5. Crawl	______	______	______
6. Knee walk	______	______	______
7. Monkey walk	______	______	______
8. Crab walk forward	______	______	______
9. Crab walk backwards	______	______	______
10. Duck walk	______	______	______
11. Mule walk	______	______	______
12. Forward roll	______	______	______
13. Backward roll	______	______	______
14. Head stand	______	______	______
15. Tri-pod	______	______	______
16. Hand stand	______	______	______
17. Cart wheel	______	______	______
18. Crawls with another	______	______	______
19. Walks in wheel barrow position	______	______	______

E. HORIZONTAL BAR

	Pre-Test	Post-Test	Review
1. Front pullover	______	______	______
2. Back pullover	______	______	______
3. Inverted hang	______	______	______
4. Latynina or Skin the Cat	______	______	______
5. Long hang	______	______	______
6. Swing and release	______	______	______

F. EYE-HAND COORDINATION AND BALL SKILLS

	Pre-Test	Post-Test	Review
1. Rolls ball	______	______	______
2. Throws ball	______	______	______
3. Throws ball with enough accuracy so it can be caught or go into a box from a distance of 4' or more.	______	______	______
4. Throws small (2½") ball 10 - 11 feet with accurate direction.	______	______	______
5. Throws large (8") ball 8 - 9 feet with accurate direction.	______	______	______
6. Throws large ball 10 - 11 feet with accurate direction.	______	______	______
7. Throws small ball 14 - 15 feet with accurate direction.	______	______	______
8. Throws 8" ball 12 - 13 feet or small ball 16 - 17 feet.	______	______	______
9. Can throw an 8" ball into a 3½ foot barrell from a distance of 4 feet or more.	______	______	______
10. Has averaged 0 1 2 3 4 5 6 7 8 9 10 out of 10 shots into the 3½' barrell from a distance of 4'.	______	______	______
11. Can throw an 8" ball into a 3½ foot barrell from a distance of 6 feet or more.	______	______	______
12. Has averaged 0 1 2 3 4 5 6 7 8 9 10 out of 10 shots into the 3½ foot barrell from a distance of 6 feet.	______	______	______
13. Can make a basket when the rim is lowered to 6 feet from a distance of 2 feet or more.	______	______	______
14. Has averaged 0 1 2 3 4 5 6 7 8 9 10 out of 10 shots at the 6 foot basket from a distance of 2'.	______	______	______
15. Can make a basket when the rim is at 8 ft. from a distance of 2 ft. or more.	______	______	______
16. Has averaged 0 1 2 3 4 5 6 7 8 9 10 out of 10 shots at the 8 ft. basket from a distance of 2 ft.	______	______	______
17. Can make a basket at the standard 10 ft. height from a distance of 2 ft. or more.	______	______	______
18. Has averaged 0 1 2 3 4 5 6 7 8 9 10 out of 10 shots at the 10 ft. basket from a distance of 2 ft.	______	______	______
19. Can throw a small ball through an inner tube from a distance of 4 ft. or more.	______	______	______

F. Eye-Hand Coordination and Ball Skills (Continued)

	Pre-Test	Post-Test	Review
20. Can throw a small ball through an inner tube from a distance of 10 ft. or more.			
21. Can throw a small ball through an inner tube from a distance of 14 ft. or more.			
22. Can throw a small ball through an inner tube from a distance of 16 ft. or more.			
23. Throws a volley ball over a net 4 ft. high.			
24. Catches 8" ball when it is bounced to him/her from a distance of 4 ft. or more.			
25. Catches 8" ball when thrown directly to him/her from approximately 4 ft.			
26. Catches small ball when it is bounced to him/her from a distance of 4 ft. or more.			
27. Catches 2½" ball when thrown directly to him/her from approximately 4 ft.			
28. Catches 8" ball with elbows flexed when it is bounced to him/her from a distance of 4 ft. or more.			
29. Catches 8" ball with elbows flexed when thrown directly to him/her from approximately 4 ft.			
30. Catches small ball with elbows flexed when it is bounced from a distance of 4 ft. or more.			
31. Catches 2½" ball with elbows flexed when thrown directly to him/her from approximately 4 ft.			
32. Catches a softball thrown from approximately 4 ft. while wearing a glove.			
33. Bounces balls.			
34. Can bounce and catch a large ball 5 or more consecutive times.			
35. Can dribble a large ball 5 or more consecutive times.			
36. Kicks a stationary ball			
37. Kicks a rolling ball			
38. Can kick a stationary ball 10 ft. or more.			
39. Can kick a rolling ball 10 ft. or more.			
40. Strikes ball or balloon with hand.			
41. Bats ball or balloon with implement.			

G. SWIMMING

	Pre-Test	Post-Test	Review
1. Enters water via pool ladder			
2. Wades in shallow water			
3. Jumps up and down in water			
4. Jumps into water from pool deck			
5. Floats on back			
6. Glides when supine			
7. Kicks on back			
8. Submerges face			
9. Blows bubbles			
10. Floats in prone position			
11. Glides when prone			
12. Kicks when prone			
13. Dog paddles			
14. Performs modified crawl stroke			
15. Does a modified back stroke			
16. Treads water			
17. Dives into water			

Progress Report - Motor Skills

Deaf-Blind Department

Name: ____________________

Date: ____________________

Report No. ______________

KEY
+ = Can perform independently
o = Can perform with assistance
- = Cannot perform at present

I. Motor Room

A. Incline Board ____

B. Incline Rung Ladder ____

C. Stepping Blocks ____

D. Balance Beam ____

E. Matted Beam ____

II. Locomotor Skills

A. Walk ____

B. Run ____

C. Jump ____

D. Hop ____

E. Skip ____

F. Gallop ____

G. Slide ____

H. Leap ____

III. Doorway Chinning Bar

A. Pull Over Front ____

B. Pull Over Back ____

C. Inverted Hang ____

D. Swing and Release ____

Comments:

IV. Swimming

A. Pool Ladder ____

B. Wade ____

C. Jump ____

D. Back Glide ____

E. Prone Glide ____

F. Kicking ____

G. Back Float ____

V. Pre-Tumbling Skills

A. Log Roll ____

B. Forward Scoot ____

C. Backward Scoot ____

D. Knee Scoot ____

E. Crawl ____

F. Crawl-Ride ____

G. Monkey Walk ____

H. Crab Walk Forward ____

I. Crab Walk Backward ____

J. Knee Walk ____

K. Squat Walk ____

L. Forward Roll ____

M. Backward Roll ____

N. Head Stand

Activities

Low Level Children

Sept. - Dec.

I. Balance and Coordination Activities
II. Locomotor Skills
III. Trapeze Skills

Jan. - March

I. Tumbling Skills and Stunts
II. Doorway Chinning Bar Activities

April

I. Ball Skills
II. Trapeze Skills (2nd time)

May

I. Review All Units
II. Assess Progress

Borderline and High Level

Sept.

I. Locomotor Skills

Oct.

I. Balance and Coordination Activities

Nov. - Dec.

I. Ball Skills

Jan. - Mar.

I. Pre-tumbling skills and stunts
II. Trapeze Activities
III. Chinning Bar Activities

April

I. Locomotor Skills (second time)
II. Ball Skills (second time)

May - June

I. Review All Units
II. Assess Progress

*Note: 1. All children have aquatic activities once a week in the pool. (Thirty minutes per group.)
2. Children come to motor skills for thirty minutes daily (no less than two per group and not more than four per group).
3. Non-ambulatory children come alone for 15 minutes.

**Note: Creativity, imagination and variations cannot possibly be writeen into this program. These factors have to be provided by the institutional teacher.

NAME	Jumps Indep.	Jumps w/ Assistance	Does not jump												DATES
1. A	X		X												SEPT. '72
2. B		X													MAY '73
3. C			X												
4. D	X	X													
5. E		X													
6. F	X														
7. G	X														
8. H	X		X												
9. I		X													
10. J			X												
11. K			X												
12. L		X													
13. X	X														
14. Y	X														
15. Z		X													

Example Chart - All children's names are listed on this chart and they are evaluated after presentation of each unit.

*Evaluation dates are recorded on this chart in the right-hand section and I also color code check marks (for instance, a child is not jumping in September but does so in May, this helps in reading the chart because these checks will be on the same line).

Cover Letter: This letter is used in fully explaining the concerns the author has about the use of the form.

Dear

Enclosed is a copy of the Progress Report Form which I use in evaluating the motor skills of the deaf-blind children in our program at C.S.D.B. Abbreviated behavioral objectives for each unit are stated in the form with columns for pre-test, post-test, and review grades. Emphasis should be placed on the difference between pre-test and post-test scores.

A grade of N.A. is given when it is not feasible to teach a child the skill in question. There is a wide range of skills listed in each unit because there are some very low functioning children in our programand a few children who function almost as "normal" deaf or blind children. If a child cannot imitate* I do not attempt to teach him to gallop, skip or leap. He would receive an N.A. for those skills. If a child cannot make a basket when the rim is lowered to six feet, I would not have him shoot at eight or ten feet. Again, he would receive an N.A. for those skills.

The curriculum must always be student oriented. It is the educator's task to find out where the learner is at and proceed from that point in development. Instead of trying to mold John so he fits into the curriculum we must shape our programs to meet his needs. Every child is unique. Although an instructor may have the same basic objectives for two or more children, his approach and teaching techniques should also be unique for each child.

I stress this point because, although I hope you can use the Progress Report Form, it was written for the multi-handicapped children at C.S.D.B. and may not be applicable for the children you teach. In any event, such a form should constantly be revised to meet the students' needs. I intend to re-do section (F) "Eye-Hand Coordination and Ball Skills" next Fall. My expectations were generally too high. None of our children were able to throw a ball through an inner tube from ten feet. Indeed, some of our teachers had difficulty doing so.

Many of the tasks included in Part (C) "Body Image, Laterality and Directionality" were taken from Cratty's[1] "Body Image Test for Blind Children" and Guldager's[2] book, Body Image and the Severely Handicapped Rubella Child. Cratty's test requires considerable verbal understanding. We have the deaf-blind children in our program simply move objects in relation to their body planes imitatively.

---

*A totally blind child can imitate when given verbal instructions or after being put through the particular movement co-actively.

I sincerely hope you will be able to incorporate some of the suggested activities into your programs. Remember, motor development is essential to the child's total development. If I can be of further assistance, please feel free to contact me at the following address:

Colorado School for the Deaf and the Blind
Deaf-Blind Department
Kiowa and Institute Streets
Colorado Springs, Colorado 80903

Respectfully,

Jan Thomas
Motor Specialist

[1] Cratty, Bryant J., The Body Image of Blind Children, AFB, July 1968.

[2] Guldager, Virginia, Body Image and the Severely Handicapped Rubella Child, 1969, Perkins Publication No. 27, Watertown, Mass. 02172.

JT/lw
Enclosures

Assessment of Motor Performance

by

Louis M. Tutt

The assessment of motor performance and programming occurs as a direct result of the physical education curriculum and the methods employed to enhance the various units, areas, or performance objectives of this curriculum. The general philosophy and curriculum theory should be based on the principle that atypical pupils are first and foremost children. Provision for the desirable physical education and recreation for atypical children necessitate the consideration of a motor program which fully recognizes their likeness to the "normal" child while at the same time giving full recognition to their special needs. Such a philosophy is most applicable to our deaf-blind children, youth and adults.

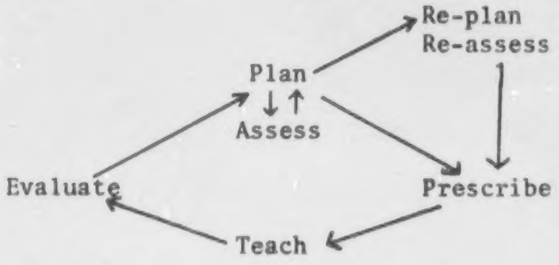
An historical account of motor sequences tells us that the concept of order and sequence in motor development has been in existance for decades. Shirley (1934) and Bayled (1935) demonstrated that young children proceed from skill to skill in a predictable manner. Gesell (1936) and McGraw (1945) supplied additional knowledge concerning the data of these patterns and the number of skills in the young child's repertoire. Wild (1937) and Hillebrand and co-worker (1961) focused on throwing and jumping to describe an intra-skill sequence involving children of early and middle childhood. Although these progressions are still accepted as a true representation of how children progress toward motive function, there is little evidence that physical education teachers have incorporated these sequences, or identified others as an aid to their instructional practice.

At this point one might ask:

1. How do physical education teachers of the deaf-blind determine individual motor status of their pupils?
2. What criteria are used to select activities to enhance fundamental motor skills?
3. How is progress in motor performance assessed and evaluated?

When one ponders the possible answers to these questions it is difficult to surmise how effective teaching can take place in the absence of knowledge concerning the progression in which children learn specific skills.

So then, the Assessment of Motor Performance and Programming Model would be:



SECTION III

Aquatic Routine
Deaf-Blind Department
Michigan School for the Blind
by
Louis M. Tutt

1. Locker room (Dress).
2. Enter pool area - sit on deck
3. Enter pool via ladder (Backwards).
4. Acclimation to water (Teachers stand near rope).
5. Around the wall - across the rope (Cycle).
6. Kids face wall, put hands on deck, teachers move back.
7. Kids backs to wall, elbows on deck, teachers move back.
8. Kids backs to wall, teachers lift kid, give plenty of security, back out and bounce to rope, come back in.
9. Kids face wall, teachers lift kids, give plenty of security, back out and bounce to rope, come back in.
10. Kids backs to wall, finger tip control, walk kids out to rope and back (Look for leg action).
11. Kids backs to wall, teachers place right hand under kids abdomen in prone position, walk out to rope and back (Look for leg action).
12. Kids face wall, put hands on edge, lift kids legs up, flutter kick assist.
13. Kids face wall, put hands on edge, lift kids legs, shake from wall (Survial reflex).
14. Kids face wall, put hands on deck, lift kids legs, spread apart, teachers come between, put kids legs around waist, walk out to rope and back (Arm action), take hands from abdomen on second try.
15. Kids backs to wall, give kids kickboards, teachers in front pull boards out to rope and back (Look for leg action), second time release board.
16. Kids face wall, teachers place one hand on chest and other under back, walk child out to rope and back (Look for leg action), on secont time stop in deep, look for signs of flotation and buoyancy.

17. Teachers place backs to wall, kids facing you, lift kids legs up around waist, put kids backs in the water, walk out to the rope and back (Look for arm action).

18. Kids face wall, put kickboards horizontally in front of kids, kids on back, walk out to rope and back (Look for leg action), second time release board.

19. Stand kids on deck, assist feet first entry into water (3).

20. Lift kids up with their backs to you, make circle in deep water, bob three times, taking kids all the way under on third time.

21. The end - use large hula-hoop, let kids walk under hoop (submerging heads) to ladder as they leave.

Recreational Circuits for Deaf-Blind and Other Multi-Handicapped Children

by

Janice K. Thomas

Circuit training is a relatively new concept in physical education. Basically, a circuit is several different activities performed in separate designated areas for a specified time. Small groups are stationed at the different areas and rotate to a new station or area when the time allotted has elapsed. Circuits may be organized in numerous ways and for as many different purposes. Calisthenics are often performed in a circuit to heighten interest and motivation. One might spend two minutes at each of the following stations in a calisthenics circuit: 1) jump rope, 2) sit-ups, 3) running in place, 4) push-ups, 5) squat-thrusts. The number of sit-ups, push-ups, etc. an individual performs during the two minutes may be counted daily so that progress may be easily measured.

The four circuits outlined below were designed for multi-handicapped children ranging in age from four to thirteen years. Deaf-blind and other severely handicapped children are often trapped within themselves; they demonstrate little interest in their environment and may even exhibit autistic-like tendencies. It is up to the physical educator and/or recreation therapist to introduce such children to constructive recreational-type activities; to teach them how to play. The activities included in the circuits promote socialization and often serve either as a review or a preview to an entire unit of similar activities included in the motor development program.

The time spend at the stations should vary with the attention span of the children going through the circuit and the number of children in each group. Our children are divided into four groups of four each, which spend eight minutes at each station. Explicit directions are posted at each station or "specialists" at each station may direct the activities. It is important to repeat the same circuit several times so that the children may become competent at the activities. If the circuits are constantly being changed, the children may not have enough time to succeed and will, therefore, become frustrated. All of the stations could be set up in different areas of a gym. Barring access to a gym, however, classroom, hallway, and even dormitory space may be utilized. During warm weather, some stations may be set up out-of-doors.

The number of circuits possible, including many varied recreational-type activities, is limited only by one's imagination. We in the Deaf-Blind Program at the Colorado School for the Deaf and the Blind have found circuit training to be a very successful method in teaching children how to play constructively.

RED CIRCUIT

1. Horizontal Bar
2. Wastebasket Ball
3. Tumbling-Dual Stunts
4. Rocker Board & Spinner
5. "The Numbers March"[1] and "I Tiptoe"[2]

BLUE CIRCUIT

1. Soccer Bompers or Pillow Fight
2. Gunny Sack Pull
3. Weave Thru Cones
4. Scooter Board Push
5. Tumbling-Log Roll & Angel Balance

GREEN CIRCUIT

1. Leap Frog & Tunnel
2. Run on "Stop" and "Go" Signs and Train Run
3. "Simon Says"
4. Scooter Board Push Thru Weave
5. Bat Balloon Stunt From Ceiling and Catch

YELLOW CIRCUIT

1. Relays
2. Scooter Board Pull
3. Mini-Stilts
4. Mini-Trampoline and Spring-O-Lene
5. "Put Your Hands Up in The Air"[3] and "Rub Your Tummy"[4]

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[1] Learning Basic Skills Through Music, Hap Palmer, Activity Records, Educational Activities, Inc., Freeport, N.Y.

[2] Words and Movements About Myself and Musical Games, Harold and Mary Jane Le Crone, Rhythm Record Company, Oklahoma City, Oklahoma.

[3] Learning Basic Skills Through Music, Hap Palmer.

[4] The Sesame Street Book and Record, J.Raposo and D. Connell, Columbia Records, New York, N.Y.

Videotapes on Motor Skill Development With Deaf-Blind Children at the Michigan School for the Blind

by

Louis M. Tutt

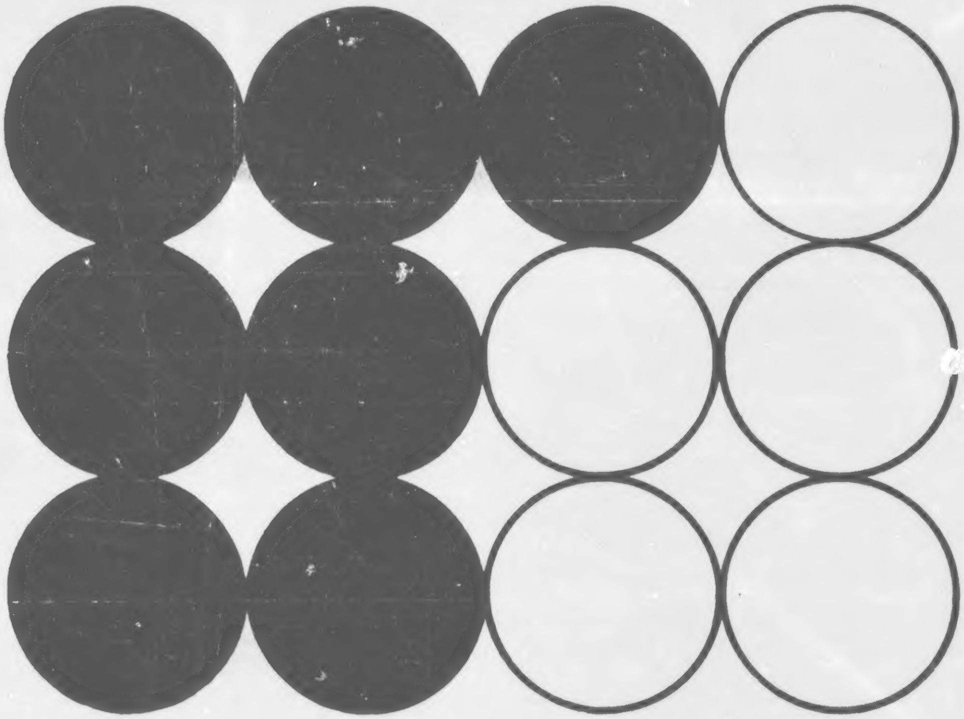
These videotapes are on 5 inch reels, compatible with the Sony Portapak format (3400)

1. "Motor Skills" Spring, 1972
   Written Synopsis available (two reels)
2. "Selected Motor Skills - Low Functioning Deaf-Blind Children"
   Spring, 1973 (one reel)
3. "Selected Motor Skills - High Functioning Deaf-Blind Children"
   Spring, 1973 (one reel)
4. "Aquatics for Young Deaf-Blind Children"
   Fall, 1972 (three reels)
5. "Pre-locomotion and Pre-ambulation of Low Functioning Deaf-Blind Children and Body Awareness of a High Functioning Deaf-Blind Child" Spring, 1973 (one reel)
6. "Pre-tumbling stunts and Horizontal Bar Activities of High and Low Functioning Deaf-Blind Children" Spring, 1973 (one reel)

Video-Tapes by Jan Thomas

1. "Locomotor Skills"
2. "Trampolining"
3. "Saturday Recreational Activities"

CHAPTER VII. ASSESSMENT



For the first time, through the National Institute, the idea has been propounded that there should be assessment and evaluation of the deaf-blind person's recreation and aptitude. Further the idea is propounded that the deaf-blind person's functioning and progress in recreation skills, abilities and success should be evaluated. Finally, the idea has been introduced that there should be assessment and evaluation of recreation leadership and personnel, (paid and volunteer), recreation program, and overall administration and organization of recreation services.

Old style recreation workers and volunteers will say, "But, assessment and evaluation will take the fun out of it!" The question in return is, "Who will it take the fun from, the worker-volunteer or the participant." Evaluation and assessment is an integral, basic element in a professional recreation service, especially in service to the deaf-blind where every facet of developmental potential must be recognized and used.

The information presented represents the first professional effort to focus attention on assessment and evaluation of recreation in relation to deaf-blind. Certainly research is needed but this is a start and the next three years it is anticipated that procedures will be standardized and refined.

Section A. Assessment and Evaluation of Individual Students

A General Framework for Assessment and Evaluation of Individual Deaf-Blind Students

by

David M. Compton

Introduction

The presentation of a general framework for assessment and evaluation of individual Deaf-Blind students is an ominous task. Perhaps it should be preceded by some rather rudimentary information concerning therapeutic recreation. Sometimes we feel the term "therapeutic recreation" is rehabilitation's answer to Dr. Pepper - "so misunderstood!"

First, let me point out that there is little substantive data that exists on assessment and evaluation of deaf-blind children, youth and adults which has been solely derived from therapeutic recreation. Second, it seems only fitting that this institute provide us with the springboard from which investigation and research take place to develop such assessment and evaluation tools as are necessary.

In order to clarify our "Dr. Pepper syndrome" let me present a definition of therapeutic recreation which was developed in 1969 and appears to be applicable at this point. Therapeutic recreation is,

> A process which utilizes recreation services for purposive intervention in some physical, emotional and/or social behavior to bring about a desired change in that behavior and to promote the growth and development of the individual. (Frye and Peters, 1972:41)

In addition, it must be clearly recognized that recreation can be individually prescribed, planned and delivered to any client regardless of the severity of his/her dysfunction. An adequate amount of case studies have been conducted to clearly document the delivery of therapeutic recreation services to individual clients in addition to traditional group delivery systems.

It must also be recognized that therapeutic recreation may assume several roles. The following are but a few of these roles: 1) a preventive or prophylactic role, 2) a stabilizing, cathartic or life enrichment role, 3) a role which contributes to overall growth and development of the individual, and 4) a remedial or rehabilitative role.

Individualizing Assessment and Evaluation

The term "evaluation" is usually referred to as a process. Although it varies qualitatively and quantitiatively in its application, its primary purpose is to detect or reveal the effectiveness of a program. In addition, it is a way in which the predetermined goals and objectives may be reviewed.

In assessing or evaluating a Deaf-Blind person's level of function in recreation the therapeutic recreator is faced with a monumental task and few, if any, specific tools to accurately critique the results of his intervention. We must rely heavily on existing models for developmental evaluation such as: the Callier-Azusa Scale, the Personal and Social Development Scale for Young Children with Multiple Sensory Impairments of Dr. Freemen Elzey, and other assessment scales. These models provide the therapeutic recreator with the vital developmental functioning information necessary to develop a treatment program.

Though no current battery, scales or evaluative instruments to specifically assess the Deaf-Blind person's level of recreative functioning, this should not preclude research to design, develop and field test such instruments.

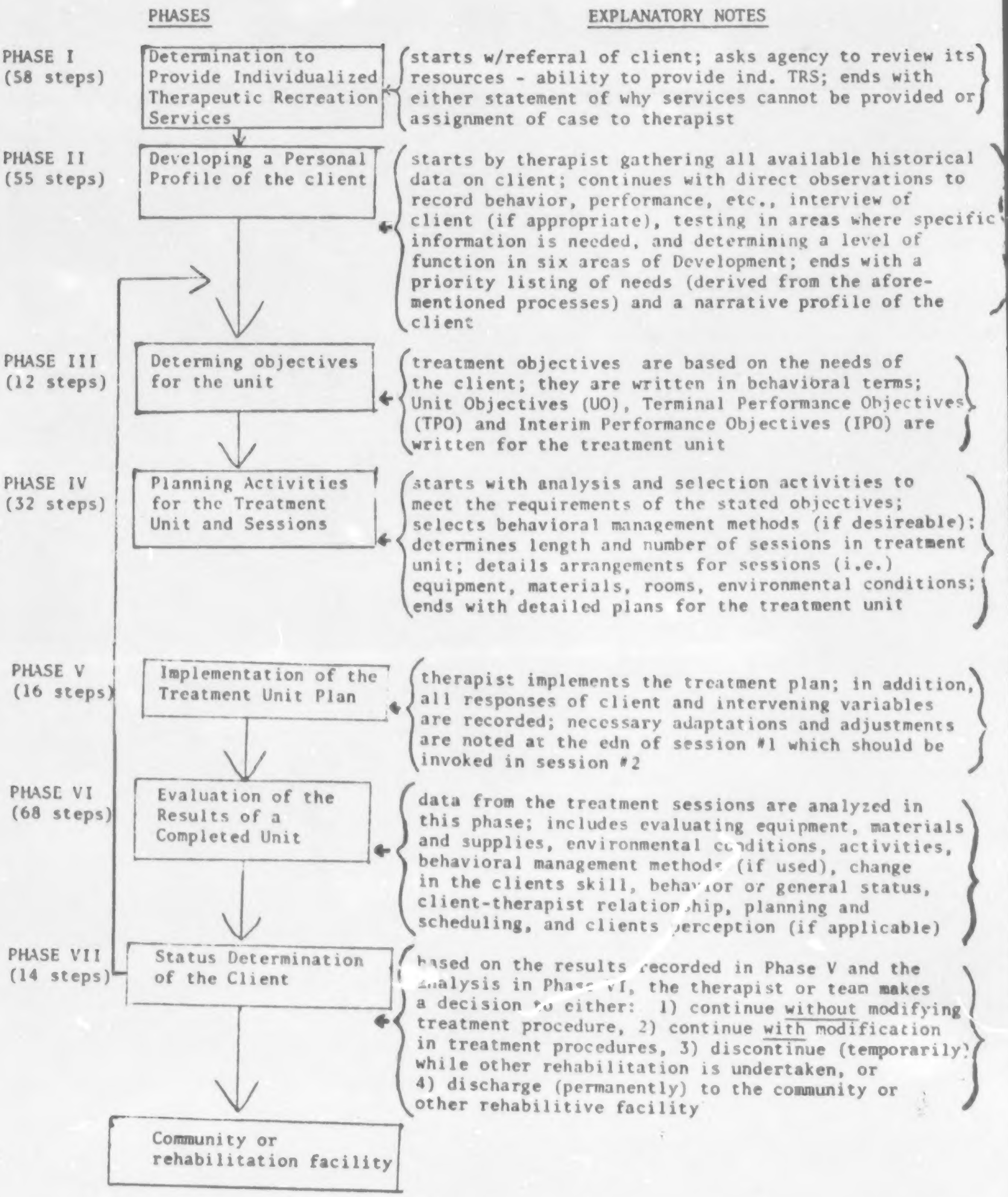
The Basis for Individual Assessment and Evaluation - A Needs Based Program

In any individualized therapeutic recreation service the key is a needs based program. Activities must be presented to the Deaf-Blind individual based on his needs rather than a diagnostic categorization.

Julian Stein states that, "Programs, activities methods and procedures must be selected according to the needs, interests, abilities, and limitations of each individual,----no longer can programs predicated upon broad based categorical generalizations be accepted, justified or tolerated."

The Linear Model for Individualized Treatment (LMIT) (Compton, 1973) has been designed to not only provide the individualized delivery framework but, in addition, to specify procedures for the delivery of Therapeutic Recreation Service to severely handicapped individuals. If we are to develop any reliable data on the value of Therapeutic Recreation with severely or multiply handicapped individuals we must first have a somewhat standarized delivery system.

A general framework of the LMIT is as follows:



PHASES		EXPLANATORY NOTES
PHASE I (58 steps)	Determination to Provide Individualized Therapeutic Recreation Services	starts w/referral of client; asks agency to review its resources - ability to provide ind. TRS; ends with either statement of why services cannot be provided or assignment of case to therapist
PHASE II (55 steps)	Developing a Personal Profile of the client	starts by therapist gathering all available historical data on client; continues with direct observations to record behavior, performance, etc., interview of client (if appropriate), testing in areas where specific information is needed, and determining a level of function in six areas of Development; ends with a priority listing of needs (derived from the aforementioned processes) and a narrative profile of the client
PHASE III (12 steps)	Determing objectives for the unit	treatment objectives are based on the needs of the client; they are written in behavioral terms; Unit Objectives (UO), Terminal Performance Objectives (TPO) and Interim Performance Objectives (IPO) are written for the treatment unit
PHASE IV (32 steps)	Planning Activities for the Treatment Unit and Sessions	starts with analysis and selection activities to meet the requirements of the stated objectives; selects behavioral management methods (if desireable); determines length and number of sessions in treatment unit; details arrangements for sessions (i.e.) equipment, materials, rooms, environmental conditions; ends with detailed plans for the treatment unit
PHASE V (16 steps)	Implementation of the Treatment Unit Plan	therapist implements the treatment plan; in addition, all responses of client and intervening variables are recorded; necessary adaptations and adjustments are noted at the edn of session #1 which should be invoked in session #2
PHASE VI (68 steps)	Evaluation of the Results of a Completed Unit	data from the treatment sessions are analyzed in this phase; includes evaluating equipment, materials and supplies, environmental conditions, activities, behavioral management methods (if used), change in the clients skill, behavior or general status, client-therapist relationship, planning and scheduling, and clients perception (if applicable)
PHASE VII (14 steps)	Status Determination of the Client	based on the results recorded in Phase V and the analysis in Phase VI, the therapist or team makes a decision to either: 1) continue without modifying treatment procedure, 2) continue with modification in treatment procedures, 3) discontinue (temporarily) while other rehabilitation is undertaken, or 4) discharge (permanently) to the community or other rehabilitive facility
	Community or rehabilitation facility	

The LMIT model is essentially a task analysis, using general Systems Theory, of the therapeutic recreators delivery process. It incorporates the principles of cybernetic looping throughout and is presented schematically in flowcharts. Further information and details are available through the University of Iowa Recreation Education Program Deaf-Blind Grant. Specific information was also reported in the Deaf-Blind Newsletter #2.

In summary, Therapeutic Recreation should keep in mind the following points when assessing or evaluating an individualized Therapeutic Recreation Service:

1) the program of activities should be "needs" based which will lend itself to "criterion-referenced" rather than "normative" based assessment and evaluation.

2) the use of specific behavioral objectives allows the therapist to place into observable and measureable terms what play or recreational behaviors we are seeking.

3) extensive documentation (ie) case study, video tape, etc., is necessary for the therapist to record the progress of the client along a continuum. This also avoids unnecessary duplication, "hit and miss" programming.

4) all data should be made available to other team members.

5) extensive activity analysis should be conducted prior to and following the delivery of program activities.

A Case Study in Assessment of a Deaf-Blind Child in Relation to the Provision of Recreation Service

by

Tom O'Connor

The following is a report of a case study and evaluation using the Motor Skills Program Evaluation (Tutt). Also developed during this study was a Development and Needs Sequence Assessment (DNSA). A program of Behavior Modification is also developed and commented upon. The report is taken directly from the case study notes.

HISTORICAL DATA

Name: B

Age: 9

Sex: Female

Family Status: Father and mother; one brother and one sister. She was the first of three living children, there was one miscarriage. Her mother developed German Measles during the first week of pregnancy, normal labor, delivery, and post natal delivery. There is a family history of the maternal grandfather and paternal grandfather having multiple sclerosis.

Current Therapeutic Facility: B. was admitted to the Psychopathic Hospital in Iowa City in January, 1974.

Diagnosis: At the time of admittance her initial diagnosis deaf, blind, self-abusive, and educable mentally retarded.

Intelligence: Educable Mentally Retarded, I.Q. unknown

Education: Perkins, School for the Blind
Vinton, School for the Blind
Psychopathic Hospital, University of Iowa

Medical Analysis: Because of B's self-abusive problems which began last year at Vinton, medication to calm this deviant behavior was required.

In the summer of 1973, while at home, she demanded attention every minute. This grew to the point of even sleeping between her parents.

When B. first arrived at Psychopathic Hospital in Iowa City, she was put on 25 miligrams of Mellaril. As a result of this she was staying awake all night.

To try and calm her down even further, they upped the dosage of Mellaril (tranquilizer) to 75 miligrams. Two weeks later with mixed results her dosage was upped to 100 miligrams. She was maintained on 100 miligrams until 2/15/74 when they took her off all medication.

As a result of this, her self-abusive behavior gradually increased. The crux of this started when she began banging her head on glass surrounding the nurses station. This continued until she was caught banging her head on the brick walls. All day Saturday she was hard to control and on Sunday the 24th, she was up all night. It wasn't until Monday the 25th when they finally put her back on medication. At the present time B. is being maintained on 75 miligrams of Mellaril.

Observation Data

In this phase I will be observing B. in a variety of situations. In these three observations I will sometimes be in close contact with her and in another I will be at a distance simply observing.

Observable Items

1. Locomotor Development
2. Coordination
3. Social - Emotional Development
4. Personal Motivation (recreation)
5. Individual Expression

Conditions for Observations

1. Cafeteria Setting
2. Free Play on Ward
3. Gymnasium
4. Classroom

Observation #1

Date: January 24, 1974
Time: 12:15-1:30 p.m.
Setting: Psychopathic Hospital Cafeteria
Client: B.
Therapist: Tom O'Connor

B. is standing at the food counter looking at her hands, staring into space - really not doing much of anything. When the kitchen worker makes a loud noise in the corner, B. moves approximatley two feet in the direction of the noise.

She continues to stand at the conter looking at her fingers which she holds directly in front of her face. She hits her head with her hand twice. She then moves away from the counter and walks around. She moves without much difficulty. B. now goes back to the counter, stands, and chews on a plastic spoon. She continues to stare upward towards the ceiling.

Lunch time is over so we are now upstairs sitting in the hallway. B. doesn't want to sit very long so we begin to walk around. We go into her room and I observed a toy train sitting on her bed. I picked it up and put it in her hands. As soon as I gave it to her she put it up to her ear and started tooting the horn.

We are now sitting on the floor again. B. has her head on my shoulder. She takes my pen and begins to chew on it. I take it out of her mouth but she doesn't give any noticeable reaction. I put the pen in her hand and hold my notebook up to her face and she begins to scribble on it. She doesn't give much of a reaction but does scribble some lines on the notebook. She loses interest very quickly. She gets up and goes to the window and begins staring outside. She plays with the curtains and stands at the window for eight minutes.

My impression is that B. now accepts me because she just left the window and came over and sat on my lap. She continues to make a humming sound when she leans down and she puts her right hand over her right ear.

One of the staff members is now taking her to do something so I will conclude my first observation.

Observation #2

Date: January 31, 1974
Time: 9:30-10:30 a.m.
Setting: Hospital Gymnasium
Client: B.
Therapist: Tom O'Connor

The environment for today's observation is the gymnasium. B. is sitting on the lap of one of the staff members. I'm not really sure what is happening but there seems to be mass confusion. Everybody is running around except B. who is sitting with her head down and her right hand held over her right ear. Because of the mass confusion it was decided that everybody would go back upstairs.

B. is now sitting at a card table staring upward towards the ceiling. When a staff member disciplined one of the children B. got up and came over to me. She again demonstrated her curosity for my pen. She took it and strolled towards the window. I gently took the pen from her and she walked over to the window. This time she grabbed the curtains. Time elapse at the window was about 4 minutes.

After satisfying her curiosity at the window she is now moving away and coming over to my table. With a slight touch of the hand she responded by sitting down on my lap. Her head is again bent down and she is moving her fingers in front of her face. They are about 2 inches from her eyes.

Observation #3

Date: February 5, 1974
Time: 2:30-3:45 p.m.
Setting: Gymnasium and Classroom Facility
Client: B.
Therapist: Tom O'Connor

I am now sitting on the pool table in the gymnasium. My goal is to get B. to play with the billiard balls. She became very erratic when I continually placed the pool balls in her hand. All of a sudden she begins banging her head with her hand while at the same time lifting her feet up one at a time. I grabbed her hand and she bit her arm. She again puts her head down and begins to mumble.

The head nurse just informed me that a behavior modification experiment was scheduled very soon for B. so I am going downstairs to the classroom for observation.

With this change in setting, I am now down in a teacher evaluation room where B. is the only person being evaluated. A box of toys is placed in front of her as she sits in front of a table. Every 30 seconds an evaluator walks up and gives her a reward consisting of something to chew on. This action is reinforced with the words "good job - good girl." After five minutes had elapsed into the evaluation time, B. decides to observe a rectangular piece of plastic.

She now gets up from the table and begins to cry. One of the men directs her back to her chair at the table. She hesitates and then sits down again. While all of this is going on, one of the evaluators continues to give her the food reward. She is fumbling with a triangular piece of plastic in front of her face and pays direct attention to the triangle.

A harmonica is now her major interest. She is holding it in her hands as one of the staff tries to play it. When the harmonica is offered to her she pushes it away. As in earlier observations, she is again holding her right hand over her right ear.

Her mumbling is increasing. She has been mumbling for two minutes without stopping. She increases her mumbling when she is approached by question or by action. The staff member at the table is now turning her back on B., which seems to have a quieting effect on her. While all of this is happening she is continually being rewarded every 30 seconds. The staff at the table discreetly pat her on the back while another evaluator gives her the piece of food.

As the period wears on, B. becomes more self-abusive. In the last hour B. has hit herself in the head approximately 40 times. A good portion of this self-abuse has taken place in the latter part of the experiment.

The goal of the program was to enable B. to function favorably in a group classroom situation. If she was left alone it was hoped that she would cease her self-abusive tendencies.

Topic: Personal Interview

Client: B.

Therapist: Tom O'Connor

After studying B's personal history and after reviewing my beginning observations, I have determined that a personal interview with her would not be of assistance in this case study. My rationale for this is based on B's inability to communicate. I have had a very hard time with her in this area. The reason for this communication difficulty is due to the fact that she received or communicates only 25 words.

A list of these words are:

Receives

1. boat
2. bread
3. coat
4. drink
5. pants
6. please
7. shoe
8. slacks
9. socks
10. stand
11. sit
12. turn around
13. wash
14. wrong

Communicates

1. cookie
2. cracker
3. eat
4. finished
5. help
6. juice
7. jump
8. milk
9. more
10. no
11. wait

B. is consistent in communicating only about 4 or 5 of these words.

Therefore, no further attempts will be made to interview the client.

Communication Methods

With B's communication level so low (1 year), I was faced with the problem of understanding her, and also expressing my requests to her.

The following is a list of the words B. can communicate to me with the appropriate movements and signs necessary for understanding them. I was unable to learn all of these signs, but I found by keeping a list of these signs at my side during our sessions I could attempt communication whenever I felt it was appropriate.

Cookie - L. hand-palm upward, R. hand claw, Take r. hand, make a half circle clockwise in left palm twice.

Cracker - R hand - thumb facing left. Tap r. hand on elbow or L. arm.

Eat - Close fingers of r. hand and tap mouth twice.

Finished - L. hand - palm down and fingertips pointing right. R. hand - palm down and fingertips pointing left. Place hands in front of body. Place r. hand above l. hand and separate simultaneously towards appropriate sides of the body.

Help - R. hand - palm up and fingers facing left. L. hand - palm facing in and thumb pointing up. Tap l. hand on r. hand twice.

Juice - L. hand - thumb pointing right and palm down. R. hand Y - palm down and facing left. Place R. hand above L. and alide Y forward in a half circle.

Milk - R. hand - 5 fingers facing left. Squeeze 5 hand twice as if milking a cow.

More - L. hand - palm facing right. R. hand palm facing left. Tap fingertips together twice.

No - Index and middle finger of R. hand pointing forward. Tap both on thumb twice.

Wait - Both hands clasped. Place hands in front of client.

Long Range Objectives

1. For B. to be consistent in communicating these words.
2. For B. to communicate these words to me without assistance or prompting.

Communication Instructions with B.

These are some of the guidelines I followed in communicating with B. She is very hard to motivate sometimes, which seems to stem from simple laziness on her part. To deal with this I tried to keep in mind the following:

1. When signing, 'palm upward' means that the palm faces the body.

2. Unless taught otherwise, all signing to B. is done with the right hand.

3. When signing to B., give her the sign you wish her to do and then wait for her to respond. Although B. may know the sign you should still show that you are expecting a response. Require that the sign be done correctly before giving her what is requested.

4. When dealing with food, if B. does not respond after being given the sign once, give it to her again. If there is still no response, excuse her from the table without it.

Testing

Narrative:

At this point in my case study of B. I have come across two significant problems. First of all, considering the fact that my client's level of functioning in the cognitive, communicative, movement, self-help, social-emotional, and expressive areas have not been specified on a developmental continuum in the past six months, I was in need of certain reference guides to fulfill this deficiency.

In referring to the original PDPS data provided I have found this program to be inappropriately based on B's functional level. Therefore, in order to assess B. on some of these levels, I began by working her through a 'Motor Skills Program' developed at the Deaf-Blind Department, Michigan School for the Blind by Mr. Louis M. Tutt.

This did not deal primarily with her earlier stated deficiencies, but with her I viewed it as a start to allow me a beginning in forming her Developmental Needs Sequence Assessment (DNSA).

MOTOR SKILLS PROGRAM

(Results)

INSTRUCTIONAL OBJECTIVES

EVALUATION

Locomotor

YES	Walks Independently
	Walks with assistance
	Does not walk
	Runs independently
YES	Runs with assistance
	Does not run
	Jumps independently
YES	Jumps with assistance
	Does not jump
	Jumps from a height independently
	Jumps from a height with assistance
NO	Does not jump from a height
	Jumps over an object independently
	Jumps over an object with assistance
NO	Does not jump over an object
	Jumps rope independently
	Jumps rope with assistance
NO	Does not jump rope
	Hops independently
YES	Hops with assistance
	Does not hop
	Skips independently
	Skips with assistance
NO	Does not skip
	Gallops independently
YES	Gallops with assistance
	Does not gallop
	Leaps independently
	Leaps with assistance
NO	Does not leap
YES	Slides independently
	Slides with assistance
	Does not slide

Pre-Tumbling Skills

	Log rolls independently
YES	Log rolls with assistance
	Does not log roll

	Scoots forward independently
YES	Scoots forward with assistance
	Does not scoot forward
	Scoots backward independently
YES	Scoots backward with assistance
	Does not scoot backward
	Monkey walks independently
	Monkey walks with assistance
NO	Does not monkey walk
	Crab walks forward independently
	Crab walks forward with assistance
NO	Does not crab walk forward
	Crab walks backward independently
	Crab walks backward with assistance
NO	Does not crab walk backward
	Walks on knees independently
YES	Walks on knees with assistance
	Does not walk on knees
	Duck walks independently
	Duck walks with assistance
NO	Does not duck walk
	Can walk in wheelbarrow
	Cannot walk in wheelbarrow
	Can creep and carry peer on back
	Cannot creep and carry peer on back
	Forward rolls independently
YES	Forward rolls with assistance (heavy assistance)
	Does not forward roll
	Backward rolls independently
NO	Backward rolls with assistance
	Does not backward roll
	Head stands independently
	Head stands with assistance
NO	Does not head stand
	Cartwheels independently
	Cartwheels with assistance
NO	Cannot cartwheel

Balance and Coordination Exercises

YES	Grasps
	Does not grasp
	Climbs up and down ladder independently
	Climbs up and down ladder with assistance
NO	Does not climb up and down ladder

MATERIALS UNAVAILABLE FOR TESTS

	Walks incline board independently
	Walks incline board with assistance
	Does not walk incline board
	Walks incline ladder alternately independently
	Walks incline ladder alternatley with assistance
	Does not walk incline ladder alternately

	MATERIALS UNAVAILABLE FOR TESTING	Walks balance beam (2" x 4") independently
		Walks balance beam (2" x 4") with assistance
		Does not walk balance beam
		Walks stepping blocks independently
		Walks stepping blocks with assistance
NO		Does not walk stepping blocks
YES		Walks stairs independently
		Does not fear small base stunts
YES		Fears small base stunts

Ball Skills

YES	Rolls small ball
	Does not roll small ball
YES	Rolls medium ball (two hands)
	Does not roll medium ball
YES	Rolls large ball (two hands)
	Does not roll large ball
	Throws small ball
NO	Does not throw small ball
	Throws medium ball (two hands)
NO	Does not throw medium ball
	Throws large ball (two hands)
NO	Does not throw large ball
	Bounces balls
NO	Does not bounce balls
	Catches balls
NO	Does not catch balls
	Kicks balls
NO	Does not kick balls
YES	Strikes balls with hand
	Does not strike balls with hand
	Strikes ball with implement
NO	Does not strike balls with implement
YES	Tosses balls into box
	Does not toss balls into box

Trapeze Skills

		Swings from chair independently
YES		Swings from chair with assistance
		Does not swing from chair
	NO TRAPEZE AVAILABLE	Pullover independently
		Pullover with assistance
		Does not pullover
		Pull through independently
		Pull through with assistance
		Does not pull through
		Seat swings independently
YES		Seat swings with assistance
		Does not seat swing

Doorway Chinning Bar - None Available

	Pullover independently
	Pullover with assistance
	Does not pullover
	Pull through independently
	Pull through with assistance
	Does not pull through
	Inverted hang independently
	Inverted hang with assitance
	Does not hang inverted

Aquatic Activities

	Fears water
NO	Does not fear water
	Enters water via pool ladder independently
YES	Enters water via pool ladder with assistance
	Does not enter water via pool ladder
	Enters water via feet first jump independently
	Enters water via feet first jump with assistance
NO	Does not enter water via feet first jump
YES	Wades in shallow water independently
	Wades in shallow water with assistance
	Does not wade in shallow water
	Prone floats independently
YES	Prone floats with assistance
	Does not prone float
	Prone glides independently
YES	Prone glides with assistance
	Does not prone glide
YES	Back floats independently (once into position)
	Back floats with assistance
	Does not back float
	Blows bubbles
NO	Does not blow bubbles
YES	Submerges head under water
	Does not submerge head under water
YES	Kicks
	Does not kick
	Dog paddles
NO	Does not dog paddle
	Modified crawl stroke
NO	Does not crawl stroke with modification
	Modified back stroke
NO	Does not back stroke with modification
	Treads water
NO	Does not tread water
	Jumps from one meter board
NO	Does not jump from one meter board

Motor Skills Program

Instructional Objectives:

1. To determine B's present level of motor skill development and motor readiness.
2. To assess her locomotor skill development.
3. To assess her body image and object concept.
4. To assess audition and vision by employing materials and equipment that will be in keeping with her potential.
5. To assess eye-hand and eye-foot coordination.
6. To promote B's social and emotional interaction through group motor skill activities.
7. To plan activities and experiences that are conductive to transfer of training of motor skills acquired and retained.
8. To make specific recommendations for B. as related to her motor skill development.

Evaluation

It was a long, drawn out period trying to assess B. through the motor skills program. B's self-abusive behavior seemed to be at a peak during my testing. She was very unattentive in following directions, which resulted in some mixed results.

I have listed the results as I have evaluated them on a 1-10 scale. A rating of 1 is the lowest level possible and a rating of 10 indicates being fully functional in the stated category.

Locomotor - 5

Pre-Tumbling Skills - 4

Balance and Coordination Exercises - 3

Ball Skills - 4

Trapeze Skills - 6

Aquatic Activities - 5

The second problem that I encountered was a behavior modification testing program B. was involved in during my initial testing. The nursing staff did not inform me of these tests, as they did not assume they were relevant to my case study.

Behavior Modification Testing Program

During my preliminary observations and evaluations of B. I was informed of some behavior modification testing being done on B. S., one of the staff members, was in charge of these tests which were administered with definite goals and objectives in mind. These were: 1) For B. to be able to function and work on her own in a classroom or related environment. 2) For B. to be able to function in this environment with limited or controlled self-abuse.

Schedule of Sessions

These behavior modification sessions were set up twice a day for twenty minutes. The times were 10-10:20 a.m. and 1-1:20 p.m., although with concurring schedule conflicts they are subject to change.

With B. being strongly self-abusive, a positive reinforcement reward system was standardized for the tests. As stated, for referral, in Observation #3, small morsels of food were used as the reward. These consisted of M&M's or pieces of a cereal called Kabooms.

Concerning B's functional level, it had to be established as to how and to what extent you as the evaluator would proceed upon encountering one of B's self-abusive flurries. The initial procedure which was decided upon was to immediately turn away from her for as long as it took her to stop hitting herself. This program was unsuccessful so a new method was needed to cope with B's self-abuse. It was decided to continue with the activity, emphasizing participation regardless of her self-abuse.

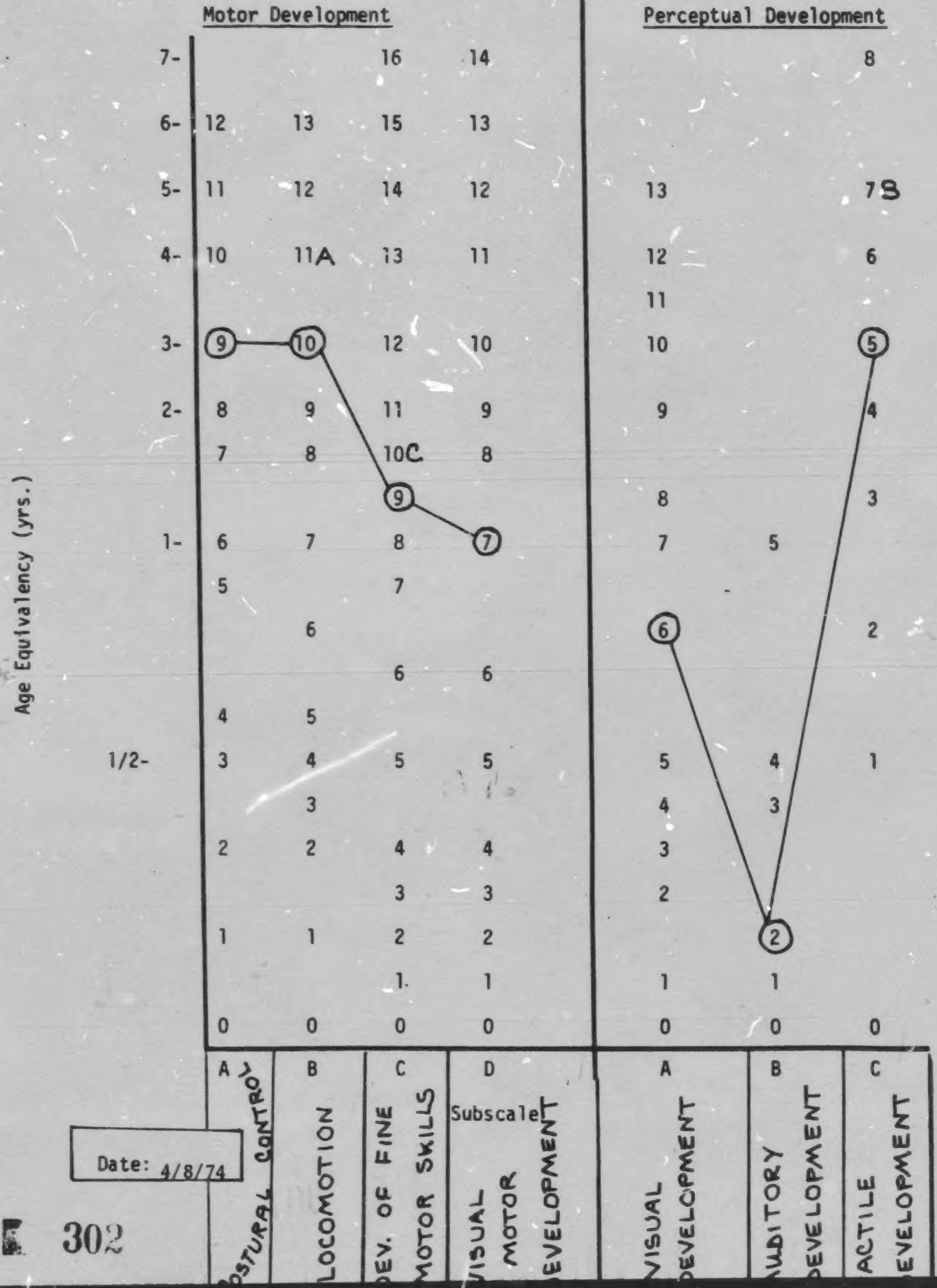
Dr. G., a consultant, was brought in to assist in the testing on B. He expressed concern upon hearing about my motor skills testing. I had two conferences with the head nurse at Psychopathic Hospital. It was decided that I should go ahead with my testing because it should conflict little with the hospital's behavior modification program. As long as I knew S's program concerning self-abuse, then I could continue with my testing if I reinforced B. in the same manner as the hospital staff.

Child: B

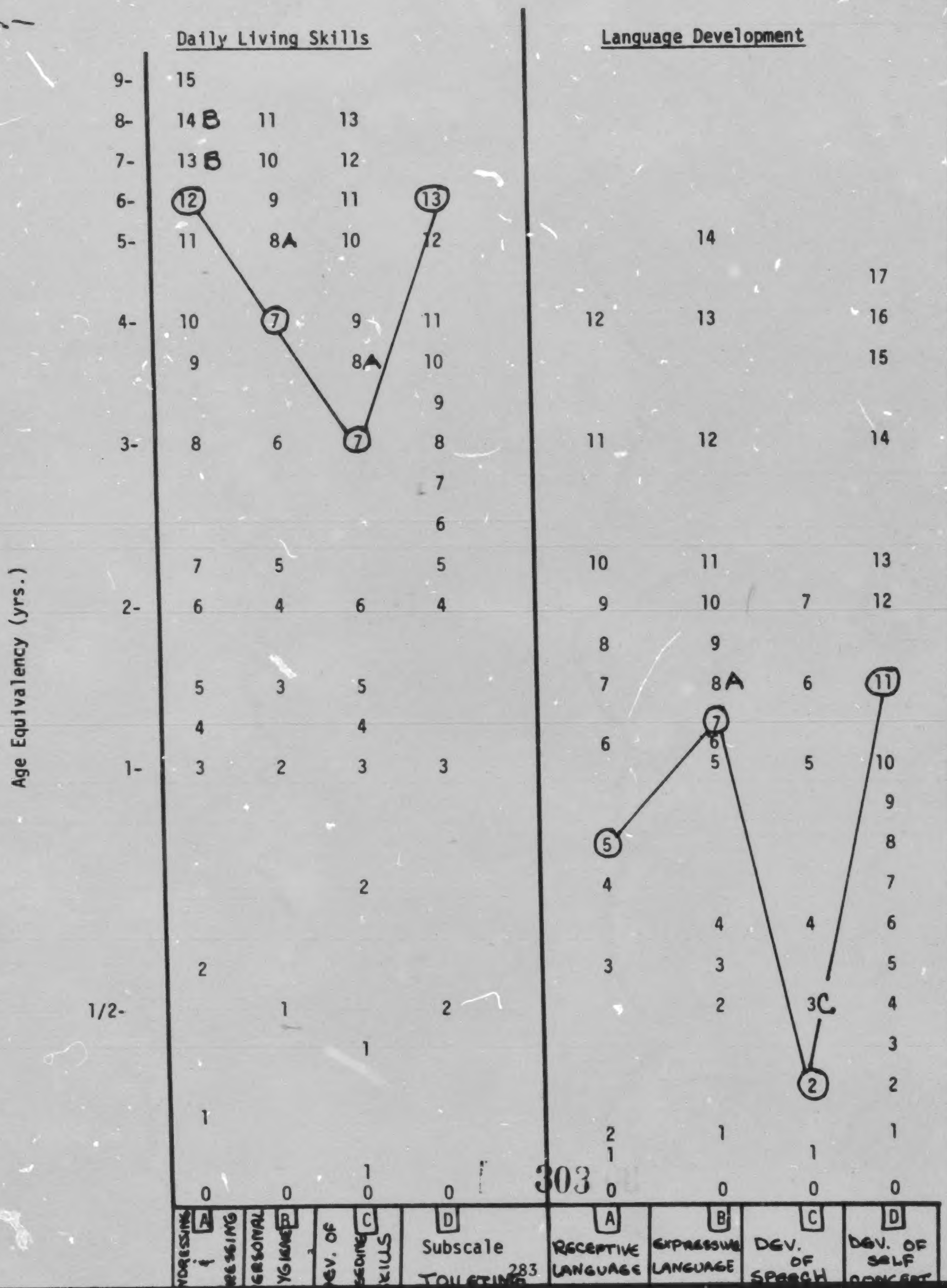
Birth Date: 11/21/65

Rater: TOM O'CONNOR

Program: CALLIER-AZUSA SCALE



Date: 4/8/74


Daily Living Skills
Language Development
Age Equivalency (yrs.)
9-
8-
7-
6-
5-
4-
3-
2-
1-
1/2-
15
14 B
13 B
12
11
10
9
8
7
6
5
4
3
2
1
0
11
10
9
8A
7
6
5
4
3
2
1
0
13
12
11
10
9
8A
7
6
5
4
3
2
1
1
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13
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11
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9
8A
7
6
5
4
3
2
1
0
7
6
5
4
3C
2
1
0
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
A
DRESSING
DRESSING
B
PERSONAL
HYGIENE
C
DEV. OF
FEEDING
SKILLS
D
Subscale
TOILETING
A
RECEPTIVE
LANGUAGE
B
EXPRESSIVE
LANGUAGE
C
DEV.
OF
SPEECH
D
DEV. OF
SELF
CONCEPT

B. - Birth Data - 11/21/65

B. was a rubella baby. She sat at 7 months, crawled at 11 months, stood at 14 months, and walked at 4 years. B. received her first tooth at 11 months. B. self-fed herself with a spoon at 4 years and was toilet trained at 6 years.

B. has useable vision with glasses and her hearing loss is mild/ moderate in the right ear. She received a hearing aid at 5½ years, wore it for a year, and has since refused to wear it. She is also thought to be mentally retarded.

B. engages in finger flicking and sound stimulation. Deviant behavior includes rubbing her eyes, banging her ears, gazing at lights, pecking at her fingers, rubbing objects, and masturbating.

Testing and Evaluations

Evaluations were done at Perkins and the Child Development Clinic in Iowa City (5/10/72). A variety of tests have been administered to B. The results of these tests are:

1) Masfield - Bucholtz (adaptation of Vineland) - social age is 3 years, 3 months
2) Stanford-Binet - Cattell Infant Intelligent Scale - 18-30 months in the nonverbal areas
3) Sequin Form Board - age equivalent is 30-35 months

Perkins Evaluation (5/71)

B. has a short attention span and engages in a high degree of self stimulation.

She has bilateral congenital cataracts. A definite response is made when her name is spoken in her right ear. A hearing loss is found in both ears with the best response in the right ear-50-75 db. She has a mild-moderate hearing loss in the right ear.

Her mental ability was diagnosed to be between 14-16 months.

Behavior

In the classroom B. engages in self-occupation type activities at a level of less than 12 months. Her self help skills are at 12-18 months, her gross motor level is at a 2 year level, her fine communication level is at 10-12 months. B. has a limited vocabulary of 20 words which she won't use. She is capable of speech production but doesn't use this ability.

Developmental Needs Sequence Assessment (DNSA)

1. Communication Skills (receptive language, expressive language, self-concept development)
2. Kinesthetic Awareness
3. Tactile Development
4. Auditory Development
5. Visual Development
6. Visual Motor
7. Locomotor Development
8. Activities for Daily Living (ADL)
9. Speech Development

How arrived: The DNSA scale has been based on data processed from the Callier-Azusa Scale tests. B. has shown some definite weak weak areas in the testing program. These areas have been listed and rated 1-9 on our DNSA scale. I feel at this point the three sublevels of the communication aspect are the primary needs which must be assessed before further improvement can be made. Due to her high level of ADL functioning I have placed this on the lowest level of the DNSA scale.

DNSA

1. Communication Skills
    a. receptive language
    b. expressive language
    c. self-concept development

These three areas under communication skills concept are the initial development that B. must develop first. Before B. can successfully move to higher levels she must first have the knowledge and concept of activities, use of free time, and to be able to express these needs to others. It can be a mutual developmental process.

2. Kinesthetic Awareness - B. needs to understand her body and its relationship to her surroundings. She needs to learn her body position with regards to her spacial environment.

    Body Image (p. 1 Daily Sensorimotor Training Activities) - If B. can develop a good body image: one that will allow her to identify body parts, she will have a sound basis upon which to build the perceptual skills which will be needed in furture recreational activities; skills such as running, jumping, and self-motivation on a recreation level.

3. Tactile Development - (Callier-Azusa Scale, p. 18)
    Her next level of development in this category is for her to be able to recognize familiar objects (naming, demonstrating use, showing pleasure) by touching and handing without using vision. For example: she would be able to pick up a football and understand what it is.

4. Auditory Development (Callier - Azusa Scale, p. 17) It is essential that B. attain the level of responding to sounds (music, rhythmic drum beat). She should show constant awareness responses to sound (laughs at musical toy, makes a specific gross motor response to a specific sound, cries when she hears an angry voice). An extension of this category would be for her to locate the source of more distant sounds (responds to sounds coming from across the room).

5. Visual Development (Callier - Azusa Scale, p. 15) In continuation of B's developmental needs, it is essential in the visual development category for her to attain some depth perception so that she can visualize objects well enough to be able to pick an object up out of a can.

6. Visual Motor (Callier - Azusa Scale, p. 11) This level is repetitious of her visual development but she must progress in the motivation aspect of such simple things as grasping objects placed or dangled in front of her.

7. Locomotor Development (Daily Sensorimotor Training Activities, p. 44) Training in basic body movement should provide B. with the ability to play games and engage in recreational activities based on her level of attainment thus far.

8. Activities for Daily Living (ADL): Feeding Skills - This level could possibly strengthen her recreational development as it deals with her fine motor functions in reference to picking up and manipulation of objects.

9. Speech Development - This category has been assessed to be less relevant to B's overall recreative functioning level because she must first develop communication, auditory, and visual skills.

This profile is an accumulative assessment of all information and materials processed to date on B.

It has been found that B. is at a low level on many aspects of social, mental, physical, emotional, educational, and recreational functioning. In terms of B's functioning on a play level, I have found she rates at a 1-2 year level according to the Callier - Azusa Scale. Her motor development skills - posture control - 3 years; locomotion - 3 years; fine motor - 1 year; visual motor - 1 year - are at the level that definitely hinder her participation in recreational activities.

Before she can successfully begin to develop skills and motivation to successfully function on a play level she must first improve on these motor development areas.

B. has been observed many times either staring out of the window or sitting on the floor staring at the ceiling. She does not seem to have any motivation to learn any skill or function on a play level.

Based on this material it is felt that B. needs to learn recreation concepts before she can participate in the simplest of activities. At the present time she lacks motivation and does not make any attempt to play by herself or with other children unless taken by the hand or pushed into making an attempt.

Play or Free Time

B. has been observed to have little or no concept of what free time is and how to use it. Based upon this, she must first acquire this knowledge so that she can utilize free time in a positive manner.

When she is alone - without one to one assistance - B. is not self-actualizing.

Based on information gathered through the testing data, certain activities are necessary to increase her functioning level to achieve a concept of play, recreation and free time which would ultimately aid her in achieving self-actualizing behavior.

Suggested activities and objectives based on her recreational functioning level derived from the Callier - Azusa Scale.

(#1) Communication Development

1.0 UO Improve overall communication skills.
1.1 TPO Become able to express to the therapist an idea or desire through the use of sign language.
1.1.1 IPO Attain knowledge of specific words to use with sign language.
1.1.2 IPO Manipulate her fingers to form a word in sign language.
1.1.3 IPO Visually observe a given word from the therapist in sign language.
1.1.4 IPO Use her tactile senses to observe through touch a given word in sign language.

Suggested activities and objectives based on her recreational functioning level derived from the Callier - Azusa Scale.

(#2) Kinesthetic Awareness

1.0 UO To increase B's body awareness.
1.1 TPO B. will identify her body parts through selected recreational activities.
1.2 TPO B. will identify the body in space through selected recreational activities.
1.3 TPO B. will demonstrate dynamic movement of the body in space through selected recreational activities.

(#3) Tactile Development

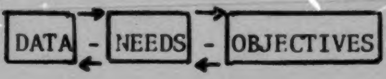
1.0 UO To be able to distinguish different objects through touch.
1.1 TPO To be able to group named object with her hands. The name of the object is repeated three times or less.
1.1.1 IPO To allow object manipulation in hand as the name of the object is expressed to her.
1.1.2 IPO To have B. visually examine the object as its name is repeated in her ear.

Tactile - Activities

Materials: pencil
wooden block
golf ball

Rationale

I have listed three activities based on B's first three needs in the DNSA. The activities and objectives are paralledl to her needs and they relate directly to the data accumulated on how well she is functioning on a play level.



Based on the objectives, the activities will be conducted. The results of the Units and sessions will provide the basis for redefining the client's needs and objectives.

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2. ________________, Developmental Sequences of Perceptual-Motor Tasks: Movement Activities for Neurologically Handicapped and Retarded Children and Youth, Freeport, New York, Educational Activities, Inc. 1967.

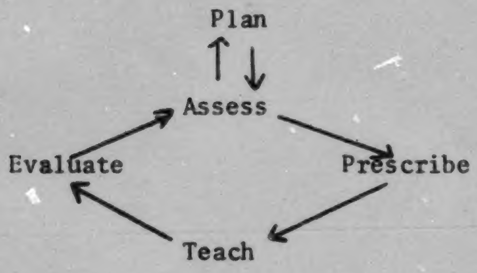
3. Stillman, Robert., Callier-Azusa Scale, Regional Center for Services to Deaf-Blind Children.

4. Tutt, Louis M., "Motor Skills Program", Deaf-Blind Department, Michigan School for the Blind.

Study Group Report on Activity Assessment
Mr. Lou Tutt - Leader

Subject: Motor Performance

Instructional Continuum:



Five Objectives of Motor Performance Instruction

1. To introduce to each child a new environment for exploratory movement.
2. To help each child improve his kinesthetic awareness.
3. To teach each child new physical skills.
4. To help each child develop improved body image and self concept.
5. To have fun.

Thoughts pertaining to previous five objectives

- Think about the lowest functioning child in your program.
- At what level of motor development is the Deaf-Blind person upon entering the program; upon leaving the program - what skills have been acquired? What level of retention will be left after a period of time?
- Can the Deaf-Blind person use gross parts of his body to propel him through space.
- We must be creative, imaginative and tolerant.
- Expose the child to as many possible experiences as available.

Instructional Goals

1. To determine the present level of motor skill development and motor readiness of each child.
2. To assess locomotor skill development of each child.
3. To assess body image and object concept of each child.
4. To assess audition and vision by employing materials and equipment relative to the child's potential.
5. To assess eye-hand and eye-foot coordination.
6. To retain growth charts and take height and weight measures twice yearly on each child. Compare normal and "stress" motor skill development.
7. To promote social and emotional interactions of the Deaf-Blind child through group motor skill activities.
8. To plan activities and experiences that are conclusive to transfer of training of motor skill acquired and retained.
9. To make specific recommendations for each individual child as related to his motor skill development.
10. To instruct the staff and family members on method of stimulating and motivating further motor skill development.

Activities

Low Level Children

Sept. - Dec.

I. Balance and Coordination Activities
II. Locomotor Skills
III. Trapeze Skills

Jan. - March

I. Tumbling Skills and Stunts
II. Doorway Chinning Bar Activities

April

I. Ball Skills
II. Trapeze Skills (2nd time)

May

I. Review All Units
II. Assess Progress

Borderline and High Level

Sept.

I. Locomotor Skills

Oct.

I. Balance and Coordination Activities

Nov. - Dec.

I. Ball Skills

Jan. - Feb.

I. Pre-tumbling skills and stunts
II. Trapeze Activities
III. Chinning Bar Activities

April

I. Locomotor Skills (second time)
II. Ball Skills (second time)

May - June

Review All Units

Section B. Assessment and Evaluation of Activity, Leaders, Programs and Administration

Guidelines for Review of Recreation Services in Philosophy, Administration, Personnel, Programming, Areas, Facilities, and Equipment, Evaluation and Research

The following information is extracted from the "Recommended Statdards with Evaluative Criteria for Recreation Services in Residential Institutions" by Dr. Doris Berryman, based on a project supported by the U.S. Children's Bureau.

Philosophy and Goals

Standard 1. The therapeutic recreation services offered are based on a written philosophy of recreation as it applies to the residential treatment center.

Criteria

a) The statement is in accord with the philosophy, purpose, and policies of the agency and has been approved by its administrative authority.

b. Within the department, provisions are made to acquaint all recreation staff members and volunteers with this statement.

Administration

Standard 5. Structure. Recreation Services are administered by a professional department as an integral part of the institution's overall functional structure.

Criteria

a) Administrative authority and responsibilities are clearly delineated in writing.

b) Responsibility for recreation services is assigned to professionally qualified staff.

c) The department administrator participates in interdepartmental meetings.

Personnel

Standard 13. Personnel Practices. The institution has written personnel policies and practices which are periodically reviewed by its governing body and revised as necessary.

Criteria

a) There is a written statement of personnel policies and practices.

b) A copy of the statement is given to each employee as well as kept on file in the department.

Programming

Standard 37. Needs and Interests of Residents. Recreation Services are designed to meet the needs, competencies, capabilities and interests of individuals and groups and take into account individual treatment objectives.

Criteria

a) There is an established method for assessing the needs interests, competencies and capabilities of residents which includes:

1) an interview with each resident; and/or

    2) access to pertinent medical, psychiatric and other information concerning each resident
- b) Resident committees are utilized in planning the activities program where feasible.

Areas, Facilities, and Equipment

Standard 45. Design and Layout. Recreation areas and facilities are designed and constructed or modified to permit all recreation services to be carried out to the fullest possible extent in pleasant and functional surroundings accessible to all residents regardless of their disabilities.

Criteria

a) Recreation staff and appropriate outside consultants are consulted in the designing or modification of all recreation areas and facilities.

b) Recreation areas and facilities meet local legal requirements concerning safety, fire, health, sanitation, etc., codes.

Evaluation and Research

Standard 54. Evaluation of Recreation Services. The recreation department has established procedures for evaluating recreation services in relation to stated purposed, goals and objectives.

Criteria

a) The recreation department maintains adequate records concerning the residents. These records include:
    1) periodic surveys of their interests;
    2) periodic surveys of their attitudes and opinions of the recreation services;
    3) extent and level of each individual's participation in activities program;
    4) where appropriate, progress reports are maintained

b) An appropriate time schedule is established for each type of evaluation. (Some aspects of recreation services will be evaluated annually, some periodically, some after each event, etc.)

Report on Program Evaluation
Mr. Robert Howell - Leader

Program evaluation can be divided into two distinct groups: 1) people orientated ex. consumer, staff, administration, and institution and 2) activity orientated, which is basically concerned with programs per se and equipment and facilities utilized in these programs.

People orientated program evaluation infers that program evaluation centers around the consumer and the persons who provide services to these consumers.

> The consumer's needs, desires and interests should be evaluated and these needs should be reflected in program planning and the evaluation process.
>
> The recreation staff should be responsible for executing various recreational activities at the client's level of participation and evaluating progress based upon behavior objectives.
>
> The recreation administrator (supervisor) should be responsible for evaluating the recreational programs in terms of the consumer's needs and interests. He is further responsible for evaluating the program in terms of hospital (institutional) objectives and goals. Evaluation of the objectives and goals of the recreation department is also necessary.
>
> The institution should evaluate their programs in terms of meeting the total needs of the client, which includes the opportunity to participate in self-actualizing experiences.

The activity orientated program evaluation begins with an evaluation of the goals and objectives of the recreational programs offered. These goals and objectives should be based on a sound departmental/institutional philosophy.

Criteria for establishing an effective means of evaluation recreation programs must be determined. Some for developing questions which will assist in criteria for program evaluation is as follows:

1. Is the purpose of the program to provide a quality or a quantity experience? And to what extent?
2. Does the program insure a growing, learning, sharing experience?
3. What carry-over value does the program (specific activities) have?

4. Does the program insure the consumer the opportunity for success? For failure?

5. Does the program stimulate the consumer's imagination and development of skills?

6. Does the program provide the consumer with the opportunity to experience self-actualization?

7. How does the program improve the quality of life of the participants?

Section C. Research Needs

Report on the Study Group on Research Needs and Strategies

by

David M. Compton

Charles Hayes

The objective of this work group was to identify needs and specific research projects relating to the rehabilitation effectiveness of recreation services to persons who are deaf-blind. Various methods of implementing recreation service delivery models concerning the institution, agency or community setting were to be discussed. Members of the work group were reminded that the research objectives were to demonstrate that recreational experiences are rehabilitative in terms of enhancing communications, sensory stimulation, socialization, normal growth and development, and fostering independence.

Public laws are currently legislated concerning research rehabilitation withing the area of deaf-blindness. Public law, 90-99, Section 17 states, "...conduct research in the problems of, and ways of meeting the problems of rehabilitating the deaf-blind" Public law 901-247 calls for "research to identify and meet the full range of special needs of deaf-blind children."

It is evident that theintent of the law is to encourage and support research which will meet the special needs of persons who are deaf-blind.

The following research topics were arrived at by a delphi process; these represent a consensus of the work group members concerning the research topic needs of deaf-blind individuals.

1. Evaluate the efficacy of training programs for training people to obtain necessary skills in work with the deaf-blind.
2. Determine effective ways of initiating communication skills.
3. Task analysis of the skills needed to work with specific deaf-blind children.
4. Relationship of play to improving communication skills.
5. Determine how the play environment can be adapted to make it more conducive to learning.
6. Determine how therapeutic recreation activities facilitate communication development of the deaf-blind.
7. Determine procedures for effectively integrating individuals who are deaf-blind into compatible social groups.
8. Examine modifications needed in the areas of games, equipment and activities to allow deaf-blind children to expand their recreational horizons.

9. Investigate effects of modeling or gestural imitation in developing necessary recreational skills.

10. Analyze the recreational preferences of deaf-blind children by age and level of functioning.

11. Determine methods for moving the deaf-blind child from the solitary to the parallel to the cooperative stage of play.

12. Investigate the effectiveness of behavior modification in development at recreational skills with deaf-blind.

13. Determine methods of evaluations for deaf-blind individuals in terms of Therapeutic Recreation versus, the Linear Model of Individualized Treatment (LMIT).

The majority of the above identified research topics are primarily concerned with the effectiveness of the programs and personnel. Evaluation research in the above topics will evolve into accepted and proven techniques for providing comprehensive planning for the growth and development of deaf-blind individuals.

Work Group Members

David Compton
Gene Hayes
Paul Cotten
Mary Ann Meyer
Graduate and Undergraduate TR Students

Independent Living Parameters Deaf-Blind
and Multi-Handicapped Youth-Old Age

East San Gabriel Valley
School for Multi-Handicapped Children
360 W. Mauna Loa Ave.
Glendora, California 91740

If every parent of a handicapped child could believe that there was a place for their child that was designed to meet their independent needs, it is very possible the devastating affects on the families would be reduced greatly. One way of showing steps to independence can be shown by the Independent Living Parameters Chart on the following pages. The needs are indicated in the left hand column as they relate to each adult, regardless of the level of independence. There may be other needs not identified on this chart, but if the level of independence each child will attain or approach could be predicted with some degree of accuracy there could certainly be a gearing of educational programs toward those needs. This chart is something that is just being developed and is by no means a completed product, but it does clearly identify where some of the thinking is right now regarding adult living for the deaf-blind population.

* This information was submitted by Mr. Robert Howell.

INDEPENDENT LIVING PARAMETERS DEAF-BLIND & MULTI-HANDICAPPED
YOUTH-OLD AGE

East San Gabriel School for Multi-Handicapped Children
Glendora, California

NEEDS	CUSTODIAL	UPPER CUSTODIAL	LOWER INDEPENDENT	MIDDLE INDEPENDENT	UPPER INDEP
Skills Related to Daily Life	Essentially no self-help skills-little social awareness	Essentially custodial but has some quasi-independent skills-has social awareness and interest	Can function independently in some or all areas with assistance	Functions in some areas independently, needs assistance in others	Funct depen in mo or al not s suffi
Shelter	Living unit non medical oriented	Living unit non medical oriented - requires use of independent skill areas	Living unit taps skill areas of independence, but all daily life services provided	Living units that require some independent skills	Livin requi indep skill appro
Recreation					
Work					

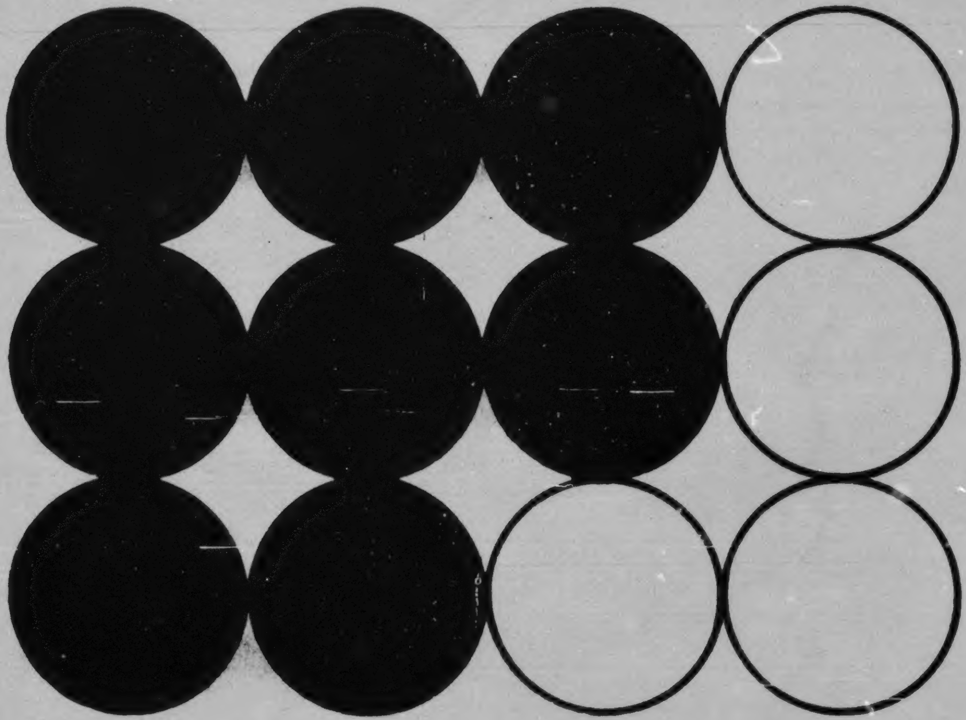
INDEPENDENT LIVING PARAMETERS DEAF-BLIND & MULTI-HANDICAPPED
YOUTH-OLD AGE

East San Gabriel School for Multi-Handicapped Children
Glendora, California

UPPER CUSTODIAL	LOWER INDEPENDENT	MIDDLE INDEPENDENT	UPPER INDEPENDENT	INDEPENDENT
Essentially custodial but has some quasi-independent skills-has social awareness and interest	Can function independently in some or all areas with assistance	Functions in some areas independently, needs assistance in others	Functions independently in most areas, or all, but not self sufficient	Self sufficient - meets demands of daily life
Living unit non medical oriented - requires use of independent skill areas	Living unit taps skill areas of independence, but all daily life services provided	Living units that require some independent skills	Living units requiring all independent skills (team approach)	Individual living

Leisure					
Social Experience					
Education					
Physical Mental Health					
Protection & Safety					
Economic Security					
Family Counseling & Support					
Research					

CHAPTER VIII. LEISURE EDUCATION



This chapter approaches the concept of leisure and recreation as a component of the education process and program that is presented to the deaf-blind individual. The education system; school, teacher and curriculum are utilized to deliver this necessary component of the 'normal growth and development' of the deaf-blind and is an attempt to approach these needs through formal education techniques.

Report of the Education for Leisure Curriculum Committee

by

Clifford Seymour

Preface

Education for leisure is the responsibility of each school system and teachers in all grades and areas of study. It can be successful only when teachers are qualified (attuned) in philosophy and attitude to organize and conduct their programs so that education for leisure is an essential objective. By employing the recreational approach, they can enlist their pupils in a lifetime of participation and enrichment. It is essential that the schools provide experiences which have likely potential for meaningful use of leisure time for deaf-blind children and adults, and thus afford them the social, emotional and physical benefits derived from participation therein.

While this document is specifically designed for the deaf-blind individual, it is not intended to exclude any other segment of the school's or agency's population. Effective program in education for leisure is predicated on the concept of integration of all participants to the ultimate degree possible.

The School's Role

The school, public or private, has major responsibilities in recreation for all students, to include deaf-blind individuals. Programs in education for leisure must meet at least the following two basic objectives:

1) To ensure the individual's development and acquisition of leisure attitudes, skills and knowledge.
2) To ensure the integration of the individual within the immediate living environment and the community.

To effectively assume such a leisure education role, the school has the responsibility to provide adequate facilities and personnel, and to make these resources available for community use after normal school hours.

The Teacher's Role

Education for leisure is the responsibility of teachers in all grades and areas of study. A special committee can be established to determine how each subject can best contribute to leisure education.

The Curriculum

Some areas to be considered are pre-academic subjects (sensory training and motor training), eurythmics, creative play, music, industrial arts, crafts, home economics, dramatics, science, physical education, outdoor recreation and sports.

The curriculum should also provide opportunities for deaf-blind individuals to participate in clubs and other group activities.

Leisure education should emphasize the enjoyment and satisfaction that can be derived from an activity, with skill mastery as a secondary consideration.

Work Group Members:

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TOWARD COMPETENCY

A Guide for Individualized Instruction

Based on the proceedings of the Special Study Institutes held during the summers of 1972 and 1973. Co-sponsored by the State Department of Education, Special Education Section and Portland State University, Special Education Department in cooperation with participating Oregon School Districts.

This publication was supported, in part, by Public Law 85-926, Amendment to Title VI, ESEA, Part D from DEH, Department of Health, Education, and Welfare, Washington, D.C. 20201

OVERVIEW

TOWARD COMPETENCY is concerned with six major curriculum areas: 1) Basic Skills, 2) Personal and Social Awareness, 3) Living in the Environment, 4) Career Education, 5) Human Ecology, and 6) Leisure Time Activities.

Within each of the six curriculum areas, the subject matter is organized into sections, and the goals and sub-goals are listed under them.

Example:	Area	1.0.0	Basic Skills
	Section	Gross Motor	
	Goal	1.1.0	Performs Locomotor Skills
	Sub-goals	1.1.1	Walks forward
		1.1.2	Walks backward
		. .	etc.
		.	
		.	
	(Space for teacher to develop own sub-goals)	1.1.18 1.1.19	( ) ( )

Goals are defined as performance outcomes for the student to achieve during his formal special education. They are considered long-range guidelines. Sub-goals are also statements of performance outcomes but focus on the acquisition of intermediate skills--skills that prepare the student to attain the related goals. They can be considered short-range guidelines.

Recording Student Progress

The importance of recording student achievement cannot be overstressed. It is an account of what has been learned and indicates the student's strengths and weaknesses. The record goes with the student as he progresses from teacher to teacher and from school to school. It provides continuity for his program and should prevent unnecessary duplication of instruction.

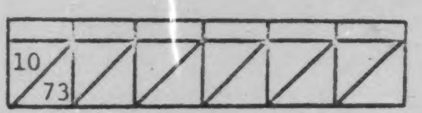
Recording Procedure

After evaluating the student's progress in relationship to a sub-goal, the recording grid to the right of the sub-goal in the student's guide should be marked.

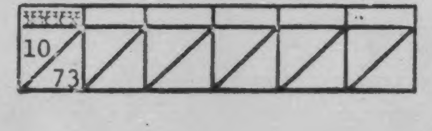
Example A

If the student meets the criterion:

Step 1: Mark the month and year on the first unused section to show when the student was evaluated.



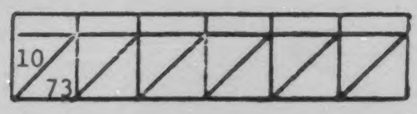
Step 2: Fill in the space above the date to indicate that the student could do what was required in the Criterion Measurement Statement.



Example B

If the student does not meet the criterion:

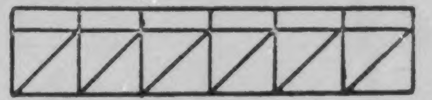
Step 1: Mark only the month and year in the first unused section to show that the student was evaluated. Do not mark above the date.



Step 2: A blank space above the date indicates that the student could not achieve the sub-goal on the date he was evaluated.

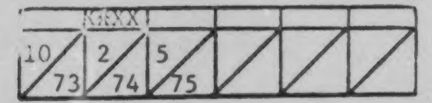
Example C

A blank grid indicates no attempt has been made to evaluate the student on the sub-goal.



Example D

This combines examples A, B, and C. On 10/73, the student could not meet the criteria measurements. The student met the criterion on 2/74. The student was re-evaluated and did not meet the criterion on 5/75. No measurement was attempted after 5/75.



Recording Student Data Related to Instruction

Inside the front cover is a Student Data Sheet for recording general information about the student's educational program. The sheet provides space to record information about instructional materials and published programs used by the student at various developmental levels. It also provides a place to note names of the student's former teachers and schools attended.

Recording High School Work Experience Placements

On the back cover of the guide is a Work Experience Placement Record. It contains space for recording information about the student's in-school and community work placements. High school teachers will maintain this record.

AREA 6.0.0

LEISURE TIME ACTIVITIES

Definition

Area 6, Leisure Time Activities, refers primarily to helping students become more competent in planning, selecting, enjoying, and participating in recreation activities during their own free time. In this section, attention is given to a variety of school and away-from-school activities. An attempt is made to separate the skills and knowledge needed for recreational activities from voluntary participation in the activities.

Rationale for Instruction

With many people having from 30 to 40 hours a week in leisure time, the importance of recreational activities is increasing. In order to make effective us of their free time, students need to become familiar with the activities available to them. It cannot be assumed that students with learning problems will independently pursue a variety of leisure time activities. Therefore, it is important that teachers plan specific instructional time for teaching leisure time activities.

Measurement Model

The teacher's guide includes model criterion measurement statements (CMS). They have been written to clarify the intent of sub-goals and to assist teachers in developing specific criterion for evaluating individual student performance. Teachers are expected to adapt a model CMS and extend it to more specific teaching situations. To illustrate, one sub-goal and CMS have been selected from Area 6 and are presented below. Also presented are two examples extending the model CMS but written by teachers for a specific student or class. The extended examples have been written to reflect different curriculum levels.

6.0.0 LEISURE TIME ACTIVITIES

Public Facilities

6.13.0 Voluntarily utilizes public facilities/programs.

6.13.1 Voluntarily visits museum.

CMS: Given the opportunity, the means, and the knowledge of a route to a museum (i.e., art, history, science,...), the student voluntarily goes to the museum.

Extended measurement statements:

Elementary Level: After having taken a field trip to a historic museum, the student voluntarily takes home the information about the

	location, cost, and hours and persuades someone to take him to the museum.
Secondary Level	After studying various museums, the student voluntarily visits one or more of the museums studied.

AREA 6.0.0

LEISURE TIME ACTIVITIES

Outdoor Recreational Activities

6.1.0 Possesses skills and knowledge necessary for outdoor play activities.

- 6.1.1 Demonstrates skills/knowledge for playing independently.
- 6.1.2 Demonstrates skills/knowledge for playing with others.
- 6.1.3 Demonstrates skills/knowledge for participating in informal playground games.
- 6.1.4 Demonstrates skills/knowledge for participating in recreational games.
- 6.1.5 Demonstrates skills/knowledge for participating in organized games.
- 6.1.6 Demonstrates ability to participate in extra-mural school team sports.
- 6.1.7
- 6.1.8

6.2.0 Voluntarily participates in outdoor play activities.

- 6.2.1 Plays independently

6.2.2 Plays with other children within an outdoor setting.

6.2.3 Participates in informal playground games.

6.2.4 Participates in recreational games.

6.2.5 Participates in organized games.

6.2.6 Participates in extra-mural school team sports.

6.2.7

6.2.8

6.3.0 Possesses skills and knowledge necessary for outdoor recreational activities.

6.3.1 Demonstrates hiking skills/knowledge.

6.3.2 Demonstrates bicycling skills/knowledge.

6.3.3 Demonstrates camping skills/knowledge.

6.3.4 Demonstrates swimming skills/knowledge.

6.3.5 Demonstrates boating skills/knowledge.

6.3.6 Demonstrates fishing/hunting skills. ☐ ☐ ☐ ☐ ☐ ☐

6.3.7 Demonstrates horsemanship skills/knowledge. ☐ ☐ ☐ ☐ ☐ ☐

6.3.8 Demonstrates gardening skills/knowledge. ☐ ☐ ☐ ☐ ☐ ☐

6.3.9 ☐ ☐ ☐ ☐ ☐ ☐

6.3.10 ☐ ☐ ☐ ☐ ☐ ☐

6.4.0 Voluntarily participates in outdoor recreational activities.

6.4.1 Goes hiking. ☐ ☐ ☐ ☐ ☐ ☐

6.4.2 Goes bicycling. ☐ ☐ ☐ ☐ ☐ ☐

6.4.3 Goes camping. ☐ ☐ ☐ ☐ ☐ ☐

6.4.4 Goes swimming ☐ ☐ ☐ ☐ ☐ ☐

6.4.5 Goes boating ☐ ☐ ☐ ☐ ☐ ☐

6.4.6 Goes fishing/hunting ☐ ☐ ☐ ☐ ☐ ☐

6.4.7 Goes horseback riding ☐ ☐ ☐ ☐ ☐ ☐

6.4.8 Grows a garden

6.4.9

6.4.10

Indoor Recreational Activites

6.5.0 Possesses skills and knowledge necessary for indoor play activities.

6.5.1 Demonstrates skills/knowledge for playing classroom games.

6.5.2 Demonstrates skills/knowledge for playing recreational games.

6.5.3 Demonstrates skills/knowledge for playing organized games.

6.5.4 Demonstrates skills/knowledge in playing team sports.

6.5.5 Demonstrates skills/knowledge for playing card games.

6.5.6 Demonstrates skills/knowledge for playing table games.

6.5.7

6.5.8

6.6.0 Voluntarily participates in indoor activities.

6.6.1 Voluntarily participates in classroom games

6.6.2 Voluntarily participates in recreational games.

6.6.3 Voluntarily participates in organized games.

6.6.4 Voluntarily participates in team sports.

6.6.5 Voluntarily plays card games.

6.6.6 Voluntarily plays table games.

6.6.7

6.6.8

6.7.0 Voluntarily selects and participates in various indoor leisure activities.

6.7.1 Voluntarily participates in leisure listening activities.

6.7.2 Voluntarily reads literary materials.

6.7.3 Voluntarily participates in hobbies.

6.7.4 Voluntarily participates in dramatic plays.

6.7.5 Voluntarily attends dances.

6.7.6

6.7.6

Arts and Crafts

6.8.0 Possesses skills and knowledge used in arts and crafts activities.

6.8.1 Demonstrates skills/knowledge for drawing.

6.8.2 Demonstrates skills/knowledge in use of crayon techniques.

6.8.3 Demonstrates skills/knowledge for painting.

6.8.4 Demonstrates skills/knowledge in use of colors.

6.8.5 Demonstrates skills/knowledge in use of cutting instruments.

6.8.6 Demonstrates skills/knowledge in use of adhesives.

6.8.7 Demonstrates skills/knowledge in use of leathercraft techniques.

6.8.8 Demonstrates skills/knowledge in use of needlecraft techniques.

6.8.9 Demonstrates skills/knowledge in sculpturing various materials.

6.8.10 Demonstrates skills/knowledge of lettering techniques.

6.8.11 Demonstrates skills/knowledge in clay/pottery techniques.

6.8.12 Demonstrates skills/knowledge for woodworking.

6.8.13 Demonstrates skills/knowledge for use in metal craft.

6.8.14 Demonstrates skills/knowledge for use in plastic craft.

6.8.15

6.8.16

6.9.0 Voluntarily participates in arts and crafts activities.

6.9.1 Voluntarily draws.

6.9.2 Voluntarily makes art projects using various coloring materials.

6.9.3 Voluntarily makes leather craft projects.

6.9.4 Voluntarily makes needlecraft projects.

6.9.5 Voluntarily sculptures/carves on various materials.

6.9.6 Voluntarily makes craft projects from various materials.

6.9.7 Voluntarily makes a weaving project.

6.9.8 Voluntarily makes a project from metal.

6.9.9

6.9.10

Music

6.10.0 Possesses skills and knowledge necessary for participation in music.

6.10.1 Reproduces a tune.

6.10.2 Reproduces rhythms.

6.10.3 Demonstrates skills in rhythm.

6.10.4 Demonstrates ability to play rhythm instruments.

6.10.5 Demonstrates knowledge of basic music skills

6.10.6 Demonstrates knowledge of the function of notes.

6.10.7 Demonstrates knowledge of musical instruments.

6.10.8 Demonstrates appreciation of music.

6.10.9 Identifies popular recording artists.

6.10.10 Demonstrates skill in dancing to music.

6.10.11

6.10.12

6.11.0 Voluntarily participates in musical activities.

6.11.1 Voluntarily plays rhythm games.

6.11.2 Voluntarily plays in a rhythm band.

6.11.3 Voluntarily sings.

6.11.4 Voluntarily plays a musical instrument.

6.11.5 Voluntarily listens to popular recording artists.

6.11.6 Voluntarily listens to various styles of music.

6.11.7

6.11.8

Public Recreational Facilities

6.12.0 Possesses skills and knowledge necessary for using public recreational facilities.

6.12.1 Demonstrates knowledge of nearest park.

6.12.2 Demonstrates knowledge of nearest zoo.

6.12.3 Demonstrates knowledge of nearest museum.

6.12.4 Demonstrates knowledge of nearest theater.

6.12.5 Demonstrates knowledge of the fair.

6.12.6 Demonstrates knowledge of vehicle race tracks.

6.12.7 Demonstrates knowledge of local spectator attractions.

6.12.8 Demonstrates knowledge of local recreational facilities.

6.12.9 Demonstrates knowledge of the public library.

6.12.10 Demonstrates knowledge of school spectator athletic events.

6.12.11 Demonstrates knowledge of out-of-school spectator athletic events.

6.12.12 Names places/organizations which provide instruction in recreational activities.

6.12.13

6.12.14

6.13.0 Voluntarily utilizes public recreational facilities or programs.

6.13.1 Voluntarily goes to a park.

6.13.2 Voluntarily goes to the zoo.

6.13.3 Voluntarily visits museum.

6.13.4 Voluntarily attends dramatic presentation.

6.13.5 Voluntarily attends school social events.

6.13.6 Voluntarily attends local attractions.

6.13.7 Voluntarily attends vehicle races.

6.13.8 Voluntarily participates as a spectator in school athletic events/community events.

6.13.9 Voluntarily uses local recreational facilities.

6.13.10 Voluntarily uses public library.

6.13.11

6.13.12

Organizations and Service Clubs

6.14.0 Possesses knowledge of clubs and organizations.

6.14.1 Demonstrates knowledge of various community clubs/organizations.

6.14.2 Demonstrates knowledge of service clubs.

6.14.3 Demonstrates knowledge of fraternal organizations.

6.14.4 Demonstrates knowledge of volunteer organizations.

6.14.5

6.14.6

6.15.0 Voluntarily participates as a member of a club or organization.

6.15.1 Voluntarily participates as a member of a community club/organization.

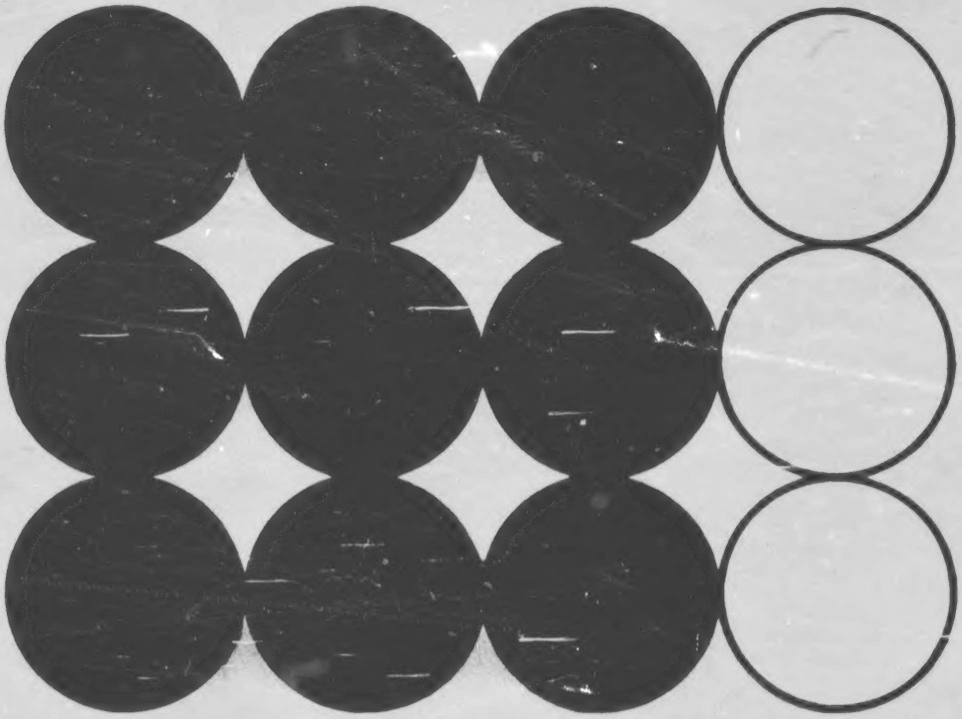
6.15.2 Voluntarily participates as a member of a fraternal organization.

6.15.3 Participates as a member of a volunteer service organization.

6.15.4

6.15.5

CHAPTER IX. SPECIAL CONSIDERATIONS



In dealing with a person and not an object or process some needs then are unique to the development of a total person. Human needs are explored in this material to assure the complete rehabilitation and education of the deaf-blind person. Recreation has a place in the total human development of the deaf-blind person and can assist and augment development in many other areas. This presents the first attempt to discuss these contributions and address some of the problems that are unique to the deaf-blind.

Recreation's Contribution to Rehabilitation and Education of the Deaf-Blind

by
Steve A. Brannan - Leaders
Jack English
Louis Bettica

1. The group believed it is difficult to assign specific recreation contributions to *discrete* areas of need. Specifically, the opportunity that recreation affords individuals to share experiences with others, thereby developing interpersonal skills, is relevant to the emotional, social, and prevocational need areas. Although interpersonal skill development seems to fall within the social area, it is a point of view that it cuts across other areas and, as an example, has been identified as a critical prerequisite for vocational services.

2. Still, the group believed that a *study* of the contributions of recreation to human needs does necessitate the approach taken by this Institute in exploring separate areas of human need. The important factor is that, as professionals dealing with those topics, we are sensitive to the overlap of contributions among need areas and even the overlap among needs themselves. In other words, it is difficult to consider emotional needs separately from social needs.

3. The *focus* on various contributions of recreation for meeting individual needs clearly emphasizes to both recreation specialists and other disciplines, how *extensive* the benefits of recreation can be for meeting basic needs of the deaf-blind individual.

4. Recreation offers a major means for promoting "mainstreaming" of the Deaf-Blind with their normal peers, achieving more "normalizing" life experiences for both imapired and non-impaired individuals.

5. Recreation provides much needed humanizing experiences for the Deaf-Blind individual who is so often de-humanized by family, friends, and society.

6. Recreation provides extension opportunities for enabling Deaf-Blind individuals to enjoy living.

7. Current emphasis on the Deaf-Blind is limited because of the:
    a. Lack of recreational programs designed to accommodate this population.
    b. Lack of Deaf-Blind availing themselves of recreation opportunities potentially available in the community.

8. Recreation activities should not be categorically developed for the Deaf-Blind, but should be individually tailored to meet the specific needs of the individual. The recreation therapist needs to focus on specific objectives, strategies, and means for evaluation. In other words, increased attention to individual programming.

9. The great amount of leisure time that the Deaf-Blind are expected to experience because of the limitations imposed by the disability calls for increased attention to this area in relation to many other handicapping conditions.

10. Recreation activities become the realistic "testing ground" for many areas of skill development.

11. There is a need for increased communication between recreation and other disciplines. There is a special need for bringing the fields of specialized education and recreation together. There is more similarity than difference between these two fields in that both are interested in the same goals. The process for meeting these goals is very similar even though the curriculum is different. In actuality, therapists are also teachers and teachers are also therapists.

12. There is a special need for including recreation or leisure time education within the school's curriculum:
    a. Since education is preparation for life and leisure time is an important area of living, leisure time skill should be an integral part of the school curriculum.
    b. The educator (versus the recreation therapist) provides the most intensive training (in terms of actual time spent with the child) and intervenes at the most critical period of development (0-18 CA.; refering at a younger age to efforts by early childhood educators)
    c. Recreation is a medium for reaching educational goals through highly motivating (fun-producing, enjoyable) activities.
    d. Because of the double impairment, it becomes more significant in serving Deaf-Blind individuals that more attention is given to an intensive and continuing program of service. A team or interdisciplinary approach better generates such quality and quantity of service to the Deaf-Blind person.
    e. Increased communication between disciplines can produce a sharing of ideas, materials, etc. that are equally beneficial to each discipline in both separate and team efforts of service to the Deaf-Blind person.

How recreation contributes to the following areas of human needs.

Emotional Needs

1. Allows for release of anxiety and even hostility.
2. Allows for a form of expression in socially acceptable ways.
3. Allows for accurate appraisal of own abilities.
4. Facilitates experiences of success and failure in a non-threatening environment.
5. Provides for enjoyment, pleasing fun.
6. Facilitate self concept development (self perception, feelings of success, increased motivation, feelings of acceptance are enhanced)
7. Helps individuals learn to delay gratification.
8. Helps individuals be able to handle disappointments.

Prevocational Needs

1. Allows for cooperation and team work to take place.
2. Involves the individual in dealing with rules and structure.
3. Enhances job related skills (finger dexiterity, speed, eye-hand coordination)
4. Involves individual in following directions; in recreating under supervision; in dealing with authority figures.
5. Demands the development of peer relationships.
6. Involves the individual in dealing with time(clock),space(travel) and numbers(money)

Vocational Needs

1. Provides relief from bordeom.
2. Regenerates interest and motivation.
3. Provides opportunities to share experiences with peers.
4. Provides opportunities for acceptance by peers, both normal and impaired.
5. Provides opportunities for assuming responsibilities; taking leadership roles.

Educational Needs

1. Supplements, complements, and enhances educational goals.
2. Extends the "school" environment by providing more actual life experiences as part of the persons education.
3. Provides for transfer of learning; more opportunities for applying concepts and skills acquired in the classroom.
4. Enables the Deaf-Blind individual to have more tactual interaction with the real environment; more emphasis on "concrete" experiences.
5. Enables both the Deaf-Blind and the specialist to assess individual permance in a real life setting.
6. Affords opportunities for changing inappropriate behavior patterns.
7. Provides many movement-oriented activities in contrast to solitary-oriented activities found in the classroom
8. Helps fulfill the "team" concept of providing service to the Deaf-Blind.
9. Reinforces efforts of the classroom teacher.

Social Need

1. Fulfills the basic need of belonging.
2. Provides opportunities for practicing decision making based on personal and group values.
3. Provides opportunities for sharing activities and experiences with family and friends.
4. Increases acceptance by other persons because of greater involvement in non-competitive and success oriented activities.
5. Affords opportunities for making worthwhile contributions to the group.
6. Affords opportunities for expressing ones own ideas, feelings.
7. Allows for the development of social skill in less formal and "structured" settings.

Physical Development

1. Improves fitness
2. Allows for physical contact
3. Allows for improvement in areas such as body awareness and coordination.
4. Enables person to practice previously learned skills through realistic activities.
5. Provides the end goal for many physical education activities.

Work Group Members:

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Report of Work Group Special Problems and Issues in Recreation For Deaf-Blind

by

Vera Schiller

and

Lillian Helgason

As our group approached its considerations of some of the special problems and issues to which we had been asked to address ourselves, we felt it was essential to point out that deaf-blindness is more often than not accompanied by other handicapping conditions - physical, emotional and intellectual. For this reason, as has been stated so often during this institute, it is essential to individualize each issue that we approach. The group was unanimous in its feeling that every effort should be made to integrate deaf-blind people into community programs and activities. The conception of "community" includes the community which has no boundaries. Integration in this sense has a positive effect not only for the deaf-blind themselves but also for the population at large and the professionals involved in various programs who thus meet deaf-blind people and learn more about them.

Traditionally, established programs serving the blind have, to at least a limited extent, provided the bulk of services to deaf-blind clients. However, such programs have frequently excluded the deaf-blind because of the communication problem. Programs for the deaf have included deaf-blind individuals to a far lesser degree, although this is beginning to change. Our group felt that recreation needs of deaf-blind people could best be met through a team-work approach and a sharing of knowledge between those involved in work with the deaf and work with the blind. Recreation Therapists can be an important catalyst in developing such a team approach.

We all recognized that before true integration of the deaf-blind into community programs could take place, preparation of the deaf-blind person and the use of well trained volunteers would be needed; we also felt it imperative that the "helping person" withdraw as quickly as possible to allow the deaf-blind individual to develop his own capacity for independent activity.

Several items other than integration had been set forth for our group and we attempted to give at least some consideration to those. In terms of sex education, we recognized that not only must the deaf-blind person be offered as much background and information as possible in order that his awareness of appropriate sexual behavior might be developed; in addition, it was felt that professionals in the fields of recreation, education and rehabilitation should also have courses during their professional training so that they can be better prepared to deal with this question.

In considering some behavior manifestations, the group agreed that behavior modification should be used as a tool as long as it appears to be an effective tool; once a goal has been reached, a specific behavior modification pattern should be re-evaluated.

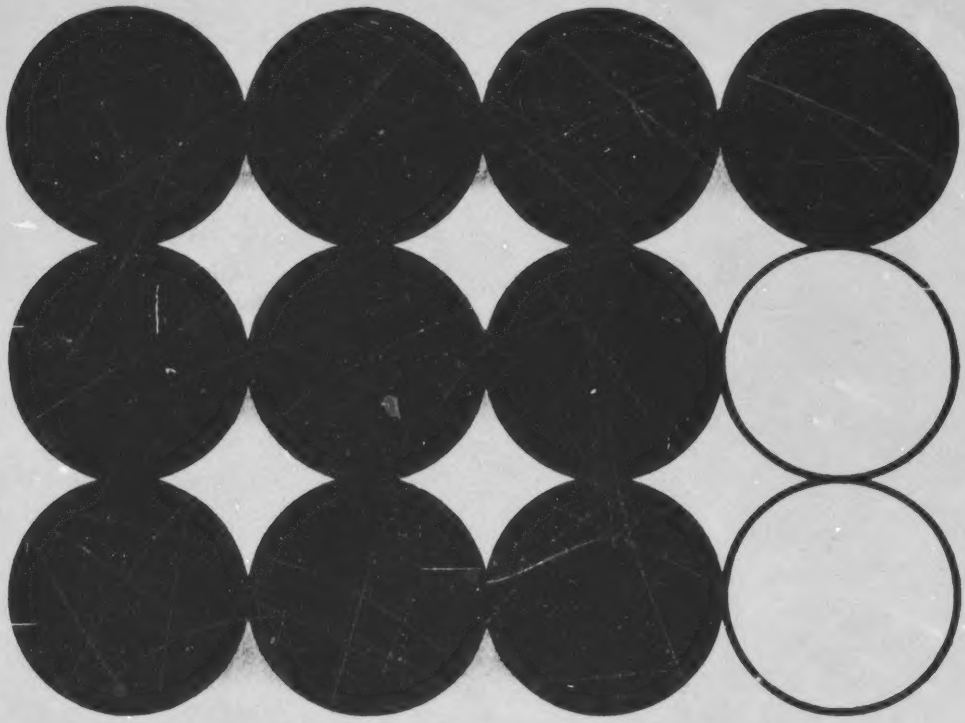
Some of the unproductive and apparently non-purposive behavior such as flicking, spinning, etc., should be considered as clues to the behavior pattern of the deaf-blind child. However, therapeutic recreation services should help to substitute a more satisfying activity.

We recognized that as more and more attention and concern is given to the special problems and issues in recreation for deaf-blind children, youths and adults, the sooner these problems will be solved and deaf-blind individuals will be accepted and afforded the opportunity to make their "special contributions."

Work Group Members:

Li Sookram
Tim Miller
June Spencer
Carole Hanson
Mary Thompson

CHAPTER X. ADVOCACY



Advocacy and the advocate are the emerging concepts and implementors of action and concern that can effect a system. New services, improvement of existing service and changing of inadequate service can be effected by this process. This also gives voice to the person who is directly involved in the problems, needs and considerations of service delivery.

As a professional in service to deaf-blind advocacy takes on a unique role, that of being the eyes and ears and most importantly, the voice to the many needs and concerns of those who haven't developed these tools.

Dimensions of Advocacy in Recreation for Deaf-Blind Children, Youth and Adults

by

Christopher R. Edginton

"Conviction is worthless unless it is converted into Conduct." Carlyle

One of the most limiting of all disability areas is that of deaf-blind impairment, a double handicap which involves the loss of both auditory and visual senses. Concern for these severely handicapped, especially those who have multiple disabilities is a cause worthy of our best efforts in vocational rehabilitation, special education and therapeutic recreation.

Although there is provision for educational services through federal legislation, response to the need for recreation and leisure services for deaf-blind has been virtually ignored. Mr. Louis J. Bettica of the National Center for Deaf-Blind Youth, Children and Adults has written:

> In many parts of the country they (the deaf-blind) have been neglected too long, but we are encouraged by the fact that there is an increasing interest in this group, and it is hoped that our experience in this phase of the program will encourage others to take up the challenge to provide not only an equal amount of service, but perhaps assist in the establishing of new horizons, as well as offering the deaf-blind opportunities to perform vocationally and socially to the fullest extent of their abilities.[1]

The deaf-blind are entitled to personal fulfillment in their social, recreational and leisure patterns of living. Deaf-blind individuals possess varying degrees of potential and expectations regarding their personal recreation and leisure needs and desires. However, far too often, the avenues for the fulfillment of these needs and desires are closed; they cannot, without assistance or special training, adequately satisfy their needs, achieve even an average degree of their expectation, or reach at least a miniman level of their potential in recreation and leisure living.

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[1] Louis J. Bettica. "Recreation for the Deaf-Blind at the Industrial Home for the Blind." National Center for Deaf-Blind Children, Youth and Adults. New Hyde Park, New York. n.d., p.5. Mimeography).

The development of recreation and leisure services for deaf-blind is many years behind the status of services achieved for other disability areas. The need to respond to this demanding challenge calls for responsive action on the part of the therapeutic recreation profession by assuming a much more active posture of advocacy.

Advocacy Defined

Nesbitt and Edginton have described advocacy as "a process directed to improving the quality of goods and services rendered to consumers"[2] and an advocate as "a person who generates and sustains the advocacy process. Functions include analysis, critique, planning, organizing, informing, etc."[3] The challenge of advocacy to the therapeutic recreation profession and other related professions, such as special education, revolves around the need to recognize the need to act and/or intervene on the behalf of pressing human needs. Hillman writes:

> . . .(the therapeutic recreation specialist may move) into positive action for his "client or group", but most likely retreats into his indefensible position of institutional lethargy. In past years it was an easy chore to hide behind the bureaucracy, pleading lack of responsibility and administrative power, thus ignoring the obvious social and cultural injustices being continually perpetrated . . . (the therapeutic recreation specialist) must attempt to react in a socially responsible way to the demands of our clients by pursuing a more aggressive advocate role."[4]

Responsibility to advocate for the creation, development and implementation of recreation and leisure services must be assumed by those professions and/or individuals providing services currently to the deaf-blind and those professions and/or individuals which possess the knowledge, skill and vision to enhance the socio-recreative-leisure needs of the deaf-blind. This must be achieved with a full understanding of the varying individual lifestyles among the deaf-blind. Further, the need to involve deaf-blind consumers of recreation and leisure services must be preceeded by action by professional advocates when possible.

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[2] John A. Nesbitt and Christopher R. Edginton. "A Conceptual Framework for Consumerism and Advocacy in Parks, Recreation, Leisure and Cultural Services," a paper presented at an Urban Recreation Conference at Montclair State College, Upper Montclair, New Jersey, January 11, 1973

[3] Ibid.

[4] William A. Hillman. "Therapeutic Recreation Specialist as Advocate." Therapeutic Recreation Journal. Vol. VI, No. 2, Second Quarter, 1972. p. 50.

Dimension for Advocacy

Advocates for the deaf-blind child, youth and adult can make sustained efforts to enhance the provision of recreation and leisure services in a number of dimensions. These include the following (by no means inclusive):

IMPROVEMENT OF BOTH THE QUANTITATIVE AND QUALITATIVE ASPECTS OF THE DELIVERY OF RECREATION AND LEISURE SERVICES

Without question, the need to increase the number of services available to the deaf-blind is a prime focus of advocacy efforts for the deaf-blind. Provision of service is virtually non-existent. Need to initiate programs and upgrade standards within existing program settings is also obvious.

DEVELOPMENT OF A BROADER BASE OF FINANCIAL SUPPORT AT LOCAL, STATE AND FEDERAL LEVELS

The need to create acceptable levels of financial support must be developed through vigorous and active legislative efforts.

DEVELOPMENT OF A BROADER BASE OF PUBLIC SUPPORT

Generations of broad lay support will facilitate legislative efforts and more importantly create widespread awareness of the recreation and leisure needs of the deaf-blind. Commitment to the cause of the deaf-blind by the public at large could create a renaissance in mutual understanding and support.

INCREASED EXCHANGE OF INFORMATION

In many cases, the successful efforts of an agency go unnoticed because communication channels are not fully developed. Utilization of the National Center for deaf-blind children, youth and adults as a clearning house for recreation and leisure service program ideas could serve to enhance the delivery of services.

EDUCATION OF RECREATION PERSONNEL TO WORK WITH THE DEAF-BLIND

Development of special training programs for both recreation personnel and special educators should be initiated. Training should be developed at all levels; educational institutions, preservice, and in-service programs.

DEVELOPMENT OF RESEARCH EFFORTS IN RECREATION FOR DEAF-BLIND

The need to apply empirical research methods in investigating recreation service for deaf-blind should be engaged in.

RECOGNIZATION OF THE ROLE OF VARYING LIFE STYLES AMONG THE DEAF-BLIND

Development of program services must take place along individualized lines. Individuals involved inproviding recreation and leisure services must constantly recognize the need to offer services from a "consumer oriented" standpoint rather than from a "provider oriented" posture.

DEVELOPMENT OF RECREATION SERVICES IN THE COMMUNITY SETTING

Nesbitt has outlined a conceptual framework which delineates major obstacles in the development of recreation and leisure services in community park and recreation departments. This conceptual model may well be applied to other settings, including institutions. The model provides a general base of awareness from which agencies can improve or initiate the delivery of recreation and leisure service to the deaf-blind children, youth and adults. Obstacles noted by Nesbitt include:

THE PUBLIC
- Public apathy of rejection of recreation for the handicapped.
- Lack of public awareness of the importance of recreation for the handicapped.
- Public failure to request programs.

AGENCIES
- Agency indifference to the concept of equal opportunity for the handicapped in recreation.
- Agency apathy toward program expansion.
- Agency failure to serve individual and group goals of the handicapped.

PROGRAM TECHNIQUES
- Inadequate information.
- Insurance problems (real or imagined).
- Ambiguous goals in recreation for the handicapped.
- Inadequate provision for leisure education.
- Architectural barriers.
- Inadequate adaptation of equipment.
- Inadequate or non-existent transportation.
- Inadequate faciltities.

POLICY MAKING
- Inadequate direct exposure to the handicapped.
- Inadequate means of identifying and determining needs.
- Failure to plan for the handicapped.
- Failure to seek out cooperative programs and opportunities.

FINANCING
- Failure to provide adequate funds.
- Failure to seek new means of financing.

PERSONNEL PRACTICES
- Failure to create full-time jobs to serve the handicapped.
- Failure to employ the handicapped and to involve the handicapped as volunteers.

EDUCATION AND TRAINING
- Failure to orient or train personnel to understand or meet the needs of the handicapped.

RESEARCH AND EVALUATION
- Failure to undertake necessary evaluation of techniques, programs and services.
- Failure to seek opportunities to demonstrate recreation service for the handicapped.[5]

SUMMARY

The development of new and improved recreation and leisure services will aid in the personal fulfillment of the social aspects of the deaf-blind child, youth or adult's life. The advocate can serve to facilitate this end. Professional responsibility can emerge from increased awareness and a recommitment to the humanistic goals of recreation service. The deaf-blind deserve the commitment of our profession and related professions to see that every deaf-blind individual has an opportunity for social fulfillment.

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5. John A. Nesbitt. "The Handicapped Child: Therapeutic Recreation Service Needs in Program, Manpower and Research." Therapeutic Recreation Journal. Vol. IV, No. 2, Second Quarter, 1970, pp. 35-36.

Consumer and Advocacy Definitions

A. Consumers and Advocates

Consumer - a person who receives goods and services.

Consumerism - a person's competency in making a qualitative and quantitative judgment about goods and services. (Dimensions of a final judgment would be: cost, safety durability, palatability, etc.)

Advocacy - a process directed to improving the quality of goods and services rendered to consumers.

Advocate - a person who generates and sustains the advocacy process. Functions include analysis, critique, planning, organizing, informing, etc.

B. Types of Advocacy

Inside non-directed advocate - an advocate who plans "for" the consumer.

Outside directed - an advocate who plans "with" the consumer.

Educational - an advocate who teaches the consumer to carry on advocacy.

Ideological - an advocate who deals in broad political issues rather than consumer perceived needs.

Indigenous liberation - advocacy practiced solely be consumers.

C. Types of Advocates

Natural Advocate - an advocate having primary traits in common with the consumer group.

Professional Advocate - a professionally recognized person who advocates for consumer groups.

Citizen Advocate - a private citizen who voluntarily advocates for the needs of a consumer.

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[1] John A. Nesbitt and Christopher R. Edginton, "A Conceptual Framework for Consumerism and Advocacy in Parks, Recreation, Leisure and Cultural Services," a paper presented at an Urban Recreation Conference at Montclaire State College, Upper Montclaire, New Jersey, January 11, 1973.

Organizational Advocacy

by

Gerald L. Hitzhusen

Organizational advocacy includes most of the defined types of advocacy: an advocate who plans "for" the consumer; an advocate who plans with the consumer; teaches the consumer to carry on advocacy; and also deals in the broad spectrum of political advocacy for and with the consumer.

Outline for Organizational Advocacy

I. Affirmative Action Policy.

- A. Internal Dissemination
- B. External Dissemination
- C. Encourage Implementation--State and Local Chapters, Societies and Affiliates

II. Orientation--Education.

- A. Organizational Action Made Known
- B. Evaluation of Organizational Staff
- C. Sample Advocacy Programs Sent to State Societies
- D. Advocacy Sessions in National, Regional, State and Local Meetings

III. Information--Dissemination.

- A. Publications
- B. Media: Television, Radio, Newspapers, and Newsletters
- C. Staff Presentations

IV. Consumer Involvement.

- A. Plan Writing an Affirmative Action Plan
- B. Planning for Meeting Sites
- C. Planning for Educational Sessions at all Meetings
- D. Grants related to the Handicapped

V. Architectural Barriers.

- A. Federal, State, and Local Facilities
- B. National, Regional, State and Local Meeting Sites
- C. Education of Public and Members
- D. Federal and State Laws

VI. Colleges--Universities.

- A. Advocacy in Curriculum
- B. Campus Barrier-Free Policy
- C. Research/Demonstration
- D. Student/Teacher Level of Awareness
- E. Advocacy and the Law

VII. Cooperative Organizational Advocacy.

A. Cooperative Legislative Awareness
B. Cooperative Action in Legislation
C. Mutual Legislative Newsletters
D. Joint Membership Support

Statement on Strategies for Professional Advocacy for Recreation*
by
Ernest Drapela

Statement I

Accredited universities who offer degrees in Park and Recreation Management should include a course which deals with Recreation Advocacy, such as the course, Recreation and Legislation, offered at the University of Oregon. The subject matter is critical to all phases of professional recreation endeavors, which pre-professionals should be trained to respond to.

Statement II

State societies should conduct comprehensive workshops in legislative methods in cooperation with existing agencies to train agency professionals who need to provide testimony for or against legislative proposals.

Statement III

Close coordination should be maintained with the National Recreation and Park Association and District Advisory Councils on issues of national significance.

Conclusion

A humanitarian appeal should be stressed on behalf of the deaf-blind of our nation. Their plight needs to be brought to the attention of the public and to establish a cause. The contributions of the deaf-blind to society needs to be emphasized. We need a Helen Keller and/or a national personality with a lot of charisma, such as a politician or show business figure. The deaf have Nanette Fabray and Johnny Ray; the blind have Ray Charles and George Shearing; Muscular Dystraphy has Jerry Lewis; etc. Perhaps a two-pronged attack with each type of a figure would be best. In addition we need to quietly be preparing measures for legislative bodies and be preparing impressive fact sheets, also seeking private funds to match federal funds.

*The Project Staff suggests the following:

Statement I: Recreation Advocacy for Deaf-Blind should be included in the basic Introduction to Therapeutic Recreation course.

Statement II: State Socieities and their respective Therapeutic Recreation sections should assist in promoting legislation, Federal and State, which will provide recreation service for deaf-blind.

Statement III: The NRPA and the District Advisory Councils of the NRPA should be informed of recreation for deaf-blind advocacy needs, issues, plans, etc.

Conclusion: "Leadership" is an individual responsibility as well as collective issue. No national figures will succeed unless there emerges across the Nation many individuals willing to take leadership roles at the state and local levels.

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Parent Advocacy

by

Lillian Helgason

I should be prepared for this hour because some time ago I was asked to be the leader of the Parent Advocacy Study Group and yet I am not sure what this Recreational Institute specifically wants for its record. I looked up the word "Advocacy." My dictionary said it meant to urge, Champion! This didn't help. So I went to the exciting programs we now have in our area to ask for information on parent involvement with the Deaf-Blind programs and parent groups.

From Jan Prohl, Special Education Consultant for Deaf-Blind in the Tilden preschool program I acquired all this information pertaining to parents. This is the materials they use even though most of them are written for deaf children. I think we are now all aware of the John Tracy Clinic in California, will have a book on Deaf-Blind and Parents soon available. I hope to get one of the first issues. Jan wrote this on parents for me to share with you.

Parent participation is an integral part of our total preschool program.

1) Parents are involved in the planning of the activities

2) Parents are involved in placement staffings
3) Parents are involved in monthly meetings
4) Parents are involved in periodic total preschool meetings in the evenings
5) Parents are encouraged to come to school and observe the child and techniques used with the child
6) Parents are visited in the home by the staff. Next year this will happen once a month.

Parents and school have a notebook. Going back and forth everyday. Just to write in natural everyday tidbits about the students.

From our rehabilitation counselor with services for the Deaf-Blind children Norma Tedder who serves our whole state I have a paper on Parents Groups.

I have used a Parent Information Group to give information about programs or subjects which would be of interest to all parents of deaf-blind children. This program will be expanded during 1973-74 and it is hoped that the groups will meet 5 times each year. For the coming year, the program will cover "Hearing and Communication" and will include sections on what various hearing losses mean, how speech can be encouraged, learning manual communication, and using manual communications.

The other type of group is for parents of children at the residential school. During a two day stay at the school, parents are asked to observe their child's program and have conferences with both teachers and houseparents concerning goals for their child. They have an opportunity to interact with other parents and other children. They are then included in a small group with the head teacher and the rehabilitation counselor to discuss particular problems relating to their children.

I am grateful I will have a good committee to work on the Parent Advocacy Study Group.

But before I leave I do want to share the "Beatitudes for Friends of Exceptional Children in behalf of my daughter, Sherry.. myself and all Deaf-Blind children and parents.

BLESSED are you who take time to listen to difficult speech, for you help us to know that if we persevere we can be understood.

BLESSED are you who walk with us in public places, and ignore the stares of strangers, for in your companionship we find havens of relaxation.

BLESSED are you who never bid us to "hurry up", and, more blessed, you who do not snatch our tasks from our hands to do them for us, for often we need time rather than help.

BLESSED are you who stand beside us as we enter new, and untried, ventures, for our failures will be outweighed by the times when we surprise ourselves and you.

BLESSED are you who ask for our help, for our greatest need is to be needed.

BLESSED are you who help us with the graciousness of Christ, Who did not bruise the reed and quench and flax, for often we need the help we cannot ask for.

BLESSED are you, when by all these things you assure us that the thing that makes us individuals is not in our peculiar muscles, nor in our wounded nervous systems, nor in our difficulties in learning, but in the God-given self which no infirmity can confine.

REJOICE and be exceedingly glad, and know that you give us reassurances that could never be spoken in words, for you deal with us as Christ dealt with all His children.

Copied for PARENTALK, April, 1967.

Consumerism: Recreation for the Deaf-Blind by the Deaf-Blind

by

Louis J. Bettica

I was surprised at receiving this assignment and -- I must say rather uncertain as to how I could speak on the subject assigned. As mentioned at our first meeting, it was regrettable that Bob Smithdas could not be with us, because he could give you first-hand information on the subject of consumerism. Bob, however, would be the first to say that he could not speak for the deaf-blind; and I am not naive nor egotistical enough to believe that I can speak for this group myself. Neither Bob nor I could really say who should speak for them. One of the difficulties that confront the adult deaf-blind population is that it does not appear to have a united approach to overcoming the problems they face.

I imagine that I was given this assignment because of my years of contact and experience with many deaf-blind people. On this basis, I will make an effort to describe to you some of the feelings and reactions of deaf-blind people I have known.

I would like to present two examples which I feel illustrate the impact of this severe dual handicap upon the individual with regard to his environment. Years ago, during a weekend camping trip, I shared a room with seven other men, five of whom were deaf-blind. It was a cold night, and sleeping was difficult for all of us, but for two of the deaf-blind men it seemed impossible. It was two a.m., I was awake myself, and in looking around the room I became aware that one man, two cots away from me, was awake and that another man--next to me, but on the other side---was also wakeful. I remember thinking at that time that here were two men, very friendly toward each other, probably feeling miserable about not being able to sleep, who would have liked nothing better, just then, than to be able to spend part of that sleepless night in conversation. Yet despite the fact that only a dozen or so feet separated them, their handicaps had placed them oceans apart.

Another example occurred when--by sheer coincidence--two deaf-blind people sat side by side on a bench at an eye clinic, neither one being aware that each had similar handicaps and the skills to communicate with each other. These two people actually knew each other; they had gone to school together. They did not learn of each other's presence until they were formally introduced to one another after obtaining their permission, of course, to make the introductions. It is difficult for most people to realize that these two persons could have sat side by side, every week for years, without knowing that they were sitting next to someone with whom they were friendly and with whom they could carry on a congenial conversation.

The significant factor in these examples is that in both cases outside resources had to intervene in order to make these moments more meaningful and less wasteful. The necessity for intervention by outside resources, due to deaf-blind persons' dependence on others, places an extremely heavy responsibility upon every professional worker since it is so easy to overlook the role one's own feelings play while being involved with a deaf-blind person.

Deaf-blind people, in expressing their feelings about their handicap, usually point to their isolation from the environment, the confinement to a small area, the misunderstanding that they encounter from almost everyone, the lack of companionship leading to loneliness, and the fact that they are not able to take part in making decisions. These are the problems they find--or have found--as difficult to overcome as the handicap itself.

Therapeutic recreation, as part of a team approach to the education and adjustment of the total individual, can certainly be helpful in providing the individual with some of the skills necessary to bring more satisfaction into his life. I would, however, like to reflect on those areas of frustration which deal with self-determination and which foster continued dependency, as a result of the attitudes of workers and others.

We have discussed in past sessions that in our work with people we as professional workers, must be aware of our own feelings, and that each client has a right to believe that we are free from biases and hangups, or even personal problems that may interfere with the quality of our work in the "teacher-student" relationship.

I tend to believe that most of us, here, are quite aware of our prejudices and biases, and I suspect that these are pretty much under control. I have seen children from minority groups treated equally in the settings I have visited throughout the country. I would, therefore, like to deal with those attitudes which can creep up on us so subtly as to be unrecognized.

At the National Center, no one is permitted to prejudge any deaf-blind trainee at the time of entrance into the program nor are the Center's Regional Representatives permitted to determine whether or not an individual can benefit from training.

We believe that only by objective observation of an individual's performance can his abilities be determined and his full potential developed. Deaf-Blind people have often expressed that fact that they are victimized by opinions and attitudes of people and workers who are closest to them and who may have great influence on their lives. In looking through a book of pictures of recreational activities at the Industrial Home for the Blind and the National Center,

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I deliberately added the picture of man wearing a button about three inches in diameter, which clearly states I AM DEAF AND BLIND. This picture is a gimmick which I use in discussing restrictive attitudes which we are not usually aware of. In looking at that picture, you will most likely form a reaction to the label that the man is wearing.

Many of you are unfamiliar with work for the adult deaf-blind, and therefore may wonder about the purpose of this button. One reaction is that you would feel that this is the sort of thing you would never do to a deaf-blind person; another reaction is that you may say that you would never do such a thing to your deaf-blind people. These are generally the reactions of any group, and I believe that this group is no exception. I would, however, hope that the majority of you would have the former reaction, rather than the latter.

The button inscribed I AM DEAF AND BLIND, along with two other buttons--I AM DEAF AND HAVE POOR SIGHT, I AM BLIND AND HAVE POOR HEARING--are an integral part of our mobility training. The first button was actually developed by a deaf-blind person who desired some independence in mobility which he found only through the use of this button. Since travelling for deaf-blind people is such a precarious phase of life, we feel that everyone should be exposed to the use of the appropriate button; then, upon completion of training, they can decide whether or not they wish to use it. A majority of deaf-blind people use the button; others have tried to travel without it without much success, or with much less degree of success as with the button. This item is one that has given the National Center's staff a most difficult time in overcoming its feelings, as we too are not happy about labelling a person. The point I wish to stress here is that neither you nor I--nor anyone else--has the right to decide whether or not this is the best procedure; only the deaf-blind person has the right to accept it or reject it.

In conclusion, I wish to stress that deaf-blind people want the opportunities to explore their potentials themselves, and with help when this is indicated. They want to be free to express their opinions, even through their opinions may not be popular. It is my hope that you will think in terms of doing things with them, not for them; in planning with them, and not for them; and let's have recreation with them, rather than for them!

Many of you work with deaf-blind children. My own contacts with these children have been rather limited; nevertheless, I have met a number of teenagers and former students, and it was apparent to me that they expressed or demonstrated their frustrations with the inability to be free from their helpers or companions. There are, of course, many children who are incapable of expressing their feelings, and it is conceivable that "acting out" is one form of expressing their inability to articulate their feelings to another person. As these children cannot speak for themselves, I would like to express a thought in a little poem I have just composed. I believe it indicates what we have been striving to express, and it could very well represent the child's appeal to you.

Help me to grow up so I can do my best,
Before the Good Lord calls me to my rest.

Advocacy for Recreation Services for the Deaf-Blind

by

Louis J. Bettica

Up until this time there has been virtually no planning for recreation for deaf-blind children and very little for the deaf-blind adult, therefore, I am sure we will be excused if we dream a little during this session.

The National Center was the result of a dream, but Helen Keller along with Dr. Salmon had that dream many years ago, and it did not become a reality until recently. Therefore, at this time. strategies by various groups may seem like "Pie in the Sky" today. However, I am certain that some will be realized if we continue to voice the needs of the deaf-blind.

In proposing these strategies we must not always think in terms of the far distant future. We must look around us to see what immediate efforts we all can make at the conclusion of these sessions.

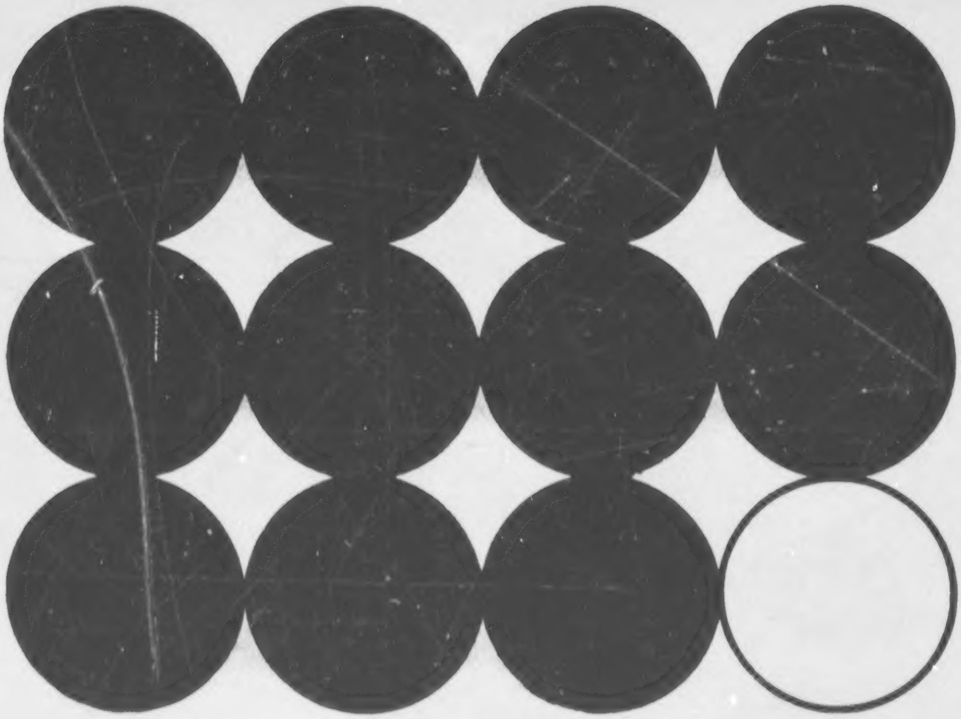
Those of us who are engaged in working with the deaf-blind, must, from now on, bring to our work what we have learned this week. If we sincerely believe that recreation has a part in our programs, we then have the responsibility of bringing it to the attention of Staff responsible for programming.

Those of us who are engaged in therapeutic recreation must, from now on, bring to our work, evidence that you are available to work cooperatively for the benefit of the deaf-blind.

This is where I believe reality can begin and although we can dream beautiful dreams, we here and particularly those of you in recreation, can make reality happen.

Since the greatest need is among the children, the strategy would then appear that a concentrated approach be made to the Coordinators and other leaders for the purpose of having this type of program available to every deaf-blind child who is so obviously in need of such a program.

CHAPTER XI. ADMINISTRATION



To develop a recreation service within facilities serving the deaf-blind standards for employment, use of volunteers, training and many other areas concerned with the development and administration of such services must be explored. The following information concerns an approach to these administrative concerns.

Funding is always a concern when new programs are being developed or when additions to existing programs are considered. The 'purchase of service' is presented as one of many ways of approaching this subject.

Administration of Recreation Programs and Services for Deaf-Blind

Charles Woodcock - Leader

Concerning -

A. Personnel policies and standards in employment of recreation personnel

   1. That policies must be within the parameters allowed by the governing agency, no less nor more than those expected of other employees; (e.g. dress codes, health standards, performance expectations; sick leave, vacation, etc.)

   2. That a certification system (as opposed to a registration system) should be developed and adopted

   3. That job requirements should be competency based: (e.g. based on abilities, skills, understanding, effectiveness in achieving agency & professional objectives)

   4. That, in addition to competencies expected, the administrator possess the following qualifications
      a) BA degree in Recreation Therapy or closely allied program;
      b) Five (5) years of experience (combination leadership, supervision, admin., etc.) of which at least two years are with Deaf-Blind

B. Recruitment, supervision and retention of recreation volunteers

   1. The responsibility of volunteer recruitment is to fall upon the administrator of the recreation program, as well as other Professionals in the field - suggest following resources,College Spec. Ed. and Rec. Programs, H-Schools, Various Community Groups.

   2. The Institute level is responsible for guiding and assisting his program director and other staff in in-service training of volunteers.

   3. Incentive procedures for retainment of volunteers should be instituted.

C. Organization of recreation services including records and reports, budget and fiscal administration and support services.

   1. The therapeutic recreation specialist has a right to expect records and data concerning each individual. These records should provide sufficient data to enable the therapist to write meaningful prescriptions.

   2. Allocated funds should be definite and clearly defined as to the clientele to be served. No recreation program should have to operate on a catch as catch can basic for funds.

   3. Fiscal management procedures of a given agency should be known and adhered to.

4. Maximum use of support services, equipment and transportation, through correlation with other programs should be a basic concern. The recreation program should have a regular means of replacing, adding and updating equipment without replicating what is available through inter-departmental loan from other departments within the same agency.

D. In-Service Training for Recreation volunteers, other professionals. students and adjunct personnel.

1. There should be an in-service training program including -
   - a) Orientation and Mobility technique training (e.g. sighted, guide)
   - b) Basic sign language
   - c) Overview of Recreation Program (philosophy) plus an accent on the individual's area of concentration
   - d) Introduction to the population (e.g. terminology)
   - e) Parent handbooks, films, reference people and materials should be made available to all personnel
   - f) Introduction to general organizational rules and regulations.

Work Group Members:

Charles Dougherty
Pauline Castro
Gary Cannon
Ron Gascko
Tom Miller
Mary Thompson
Robert Howell

Therapeutic Recreation:

A Rationale*

Therapeutic recreation personnel have traditionally placed major emphasis on and participated in direct care, treatment, and/or rehabilitation programs and provided services in institutional settings. Professional therapeutic recreation education has generally limited its efforts to training, leadership and supervisory personnel. Therapeutic recreation services have been basically supportive in nature and have attempted to create a therapeutic climate for individuals while providing for their leisure needs only during time of hospitalization. These trends are changing to provide more widespread service in response to expanding human needs and changing emphasis in the field of rehabilitation. Two models reflect these changing trends:

- The traditional medical model service concept is characterized by a doctor-centered, illness-oriented frame of reference. A formal psychotherapeutic clinical approach illustrates this service concept.

- The rehabilitation-education model is a current service concept characterized by a client/participant-centered, wellness-oriented frame of reference. The term education is used in a general way and includes formal, educational-pedagogical experiences as well as many life experiences with educational potential. Essentially this service concept places as much emphasis on prevention as on treatment and/or rehabilitation.

The rehabilitation-education service concept appears to be gaining acceptance as the concept of choice for developing rehabilitation-clinical services. Significant trends which reflect this movement toward the rehabilitation-education service concept include:

- Continuum care. Until recently institutionalization represented the only service available for individuals with a number of impairments, disabilities, or handicaps, most notably emotional illness and mental retardation. An increasing number of alternatives - halfway houses, hostels, group homes, foster care, sheltered workshops - are now available to provide realistic continuity between institution and community and to offer options short of full-time institutionalization. Use of therapeutic recreation as a preventive resource for individuals or groups in a community who show beginning signs of mental, physical, or social problems, as well as to promote purposeful, creative pursuits during discretionary time, illustrates a continuum of prevention, care, and rehabilitation.

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* From the: Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped, American Association for Health, Physical Education, and Recreation in cooperation with Bureau of Education the the Handicapped, U.S. Department of Health, Education and Welfare.

* Progressive decentralization. Definite trends and patterns toward decentralization of services are closely related to a continuum care concept. Examples of these trends include new systems of institutional organization such as unit plans, zone or regional systems of comprehensive mental health-mental and retardation centers, and federally supported community service agencies such as community action programs supported by the Office of Economic Opportunity.

* Interdisciplinary relations. Implementation of continuum care and progressive decentralization approaches requires extensive cooperation and interaction among personnel representin a wide variety of disciplines. Professional personnel are finding it increasingly difficult, if not impossible, to achieve unilaterally the objective of reaching the whole individual. Examples of this are found in -

  - Institutional settings where therapeutic recreation specialists, nurses, psychologists, psychiatrists, occupational therapists, physical therapists, and other professional personnel work as a team;

  - Community settings where planners, architects, administrators, social workers, psychiatrists, therapeutic recreation specialists, and other concerned personnel interact on a regular basis;

  - Interdisciplinary efforts which involve exchanges between team members functioning at different levels on the continuum of care. This liaison relationship may be illustrated by involvement among professional specialists such as psychiatrists, social workers, community social workers, and therapeutic and/or community recreation personnel.

* Person-centered approach. Program approaches are now directed toward meeting needs of each individual. These efforts are predicated upon recognizing each participant in the rehabilitation process as capable of controlling his own destiny. Each professional's role is to assist and support the individual.

* Integration-segregation. Increasingly efforts are being directed toward integrating each impaired, disabled, and handicapped person into ongoing community programs according to his needs, interests, and functional levels--not for convenience of program or professional staff. Program efforts, including leisure counseling, directed toward transitional involvement and future integration of institutionalized program illustrate existence of this trend in therapeutic recreation service.

Conceptualization of the rehabilitation-education service model and the four illustrative trends appear to be appropriate to and consistent with goals of therapeutic recreation. In reaching these goals, within the context of the rehabilitation-education model, therapeutic recreation appears to be moving along two complementary paths:

* Therapeutic recreation process. Therapeutic recreation as a process is based upon the assumption that recreative experiences can be therapeutic for everyone. In this sense, all recreation and park professionals have the ethical responsibility to function as effective and appropriate leaders in assisting each participant to realize this potential benefit.

* Therapeutic recreation service. Therapeutic recreation service refers to specific use of recreation experiences within the framework of an organized clinical and/or community effort directed toward individuals and groups with impairments, disabilities, or handicaps. The ultimate goal of therapeutic recreation service is to involve clients/participants in experiences in which the potential values of recreation may be utilized more effectively for personal growth and development as well as to reduce or eliminate effects of impairments.

Recreation is a necessary and essential human experience which directly contributes to the health, education, and welfare of all people. It is obvious, therefore, that therapeutic recreation programs must be started and expanded to provide these vital services for every impaired, disabled, and handicapped person. Therapeutic recreation can only help communities meet their responsibilities to all people by expanding its horizons beyond merely providing direct leadership and supervision. If therapeutic recreation is to contribute to goals of modern health, education, and welfare efforts, and to development of a positive social environment that is inclusive, sensitive, and responsive to needs of those it serves, it must be involved in community planning, development, and education. Such involvement beyond the walls of insititutions broaden the scope of therapeutic recreation and make it a viable force providing needed services for imapired, disabled, and handicapped persons living in the community. Within this concept, the thrust in therapeutic recreation service is in the direction of promoting mental and physical health and positive social behavior rather than in preventing mental illness, psychosomatic conditions, and antisocial behavior - the focus is positive, not negative.

Program

Existing therapeutic recreation programs at agency/institution need to:

- Assist in determing treatment objectives for each client/participant or group.
- Define and develop appropriate recreation activities to meet treatment objectives.
- Indicate how assignments are made to fit individual and group needs as defined by treatment objectives.
- Encompass a broad range of recreation opportunities.

Staff-General Program

Therapeutic recreation programs need to be directed by and staffed with competent professional leadership; programs need to:

- Have directors who are eligible for registration under the Voluntary Registration System of the National Therapeutic Recreation Society at a level no lower than that of Therapeutic Recreation Worker, and preferably at the Specialist level.
- Employ full-time personnel with a least a master's degree who are eligible for registration at the Therapeutic Recreation Specialist level as defined by the National Therapeutic Recreation Society when they have major responsibilities in therapeutic recreation.
- Hire aide personnel who qualify at Therapeutic Recreation Assistant and Therapeutic Recreation Technician levels as defined by the National Therapeutic Recreation Society.

Site Supervisors

A suitably qualified staff person is needed to supervise and direct clinical training programs for students. Specific time should be allotted for planning and directing the training program, including supervising students through observations, supervisory conferences and evaluations, counseling, and supervising staff members who assume leaderhship responsibilities in working directly with students.

Facilities

A practicum site needs to:

- Have suitable activity areas and equipment available for recreation programs appropriate to the agencies goals, objectives, and needs.

- Have access to appropriate sources of clinical information such as medical records and professional library materials, opportunities to communicate with all individuals and agencies providing services to clients/participants should be available to staff and students.

General Program

In carrying out its functions, an agency needs to:

- Offer training programs in a variety of disciplines. The regular professional recreation staff should contribute to and be involved in training students of other disciplines. Where interdisciplinary training programs are conducted, recreation students need opportunities to participate in activities involving other disciplines.

- Maintain useful and effective community relationships. Students need to become acquainted with functions of community groups associated with the agency and roles they play.

- Provide continuous professional growth for all staff members through planned, ongoing training programs that include seminars, reading groups, and other formal educational opportunities.

Coordinating the Development of Recreational Services within the Framework of Current State and Federal Programs

by
Jerry Brown
and
William Keenan

Need for Coordination

Providing comprehensive services for deaf-blind individuals is very complex indeed. One needs to consider the "total" person; consequently, the educational, recreational, social-emotional and family learning experiences needs must enter into planning and implementation of programs. We must first recognize the fact that all handicapped individuals have equal rights to an appropriate educational-recreational program. The deaf-blind have no rights not given to the non-handicapped; but by the same token they have no less, as guaranteed by the "equal protection of the law" granted by the 14th amendment of the U.S. Constitution. As such, they are entitled to the same programs as are offered to the non-handicapped, by several states and local governments. The deaf-blind individual has the right to recreational programs appropriate to his needs whenever such programs are provided for the citizenry at large. Second, in order to provide comprehensive services, a team approach must be utilized. Third, financial arrangements need to be made in order to support such programs.

Early identification, planning, and implementation of the total program may include all or many of the following professionals:

parents
teachers of the deaf-blind
social worker
speech pathologist
audiologist
house parents
occupational therapist
psychologist
rehabilitation counselor
recreation worker
principal-director
medical profession
physical therapist
social groups, etc.

Subsequent to early identification of the individual with a visual and hearing problem, a comprehensive evaluation must be completed. This evaluation must define the individual needs of the person. A plan must be developed and must include goals and objectives for the deaf-blind individual. These goals and objectives must indicate what is going to be done, who is going to do it, who is going to assure that the goals and objectives are completed, a time line must be developed, and criteria included to measure if the goals and objectives have been met. Each member of the team must know what the goals are, and what his part is in their attainment. For the deaf-blind individual, there is little to separate the educational and recreational aspects of the program.

While the roles and functions of each member of the team may vary at different points in time, one important fact that must be uppermost in every team member's mind is the consideration given to communication. Various methods may be utilized; the alphabet plate, finger spelling, signing, tactile communication, or others. All members of the team must be able to utilize whatever means is necessary to communicate in order to be successful in providing any educational, recreational, or social interaction.

Funding and control of appropriate services have been major problems in past approaches. The responsibility for providing educational-recreational services has too often been the responsibility of federal programming. This responsibility must be accepted at state and local levels. The federal role in funding might most appropriately be in providing demonstration and research projects.

State and local school agencies should assume greater responsibility for the profoundly handicapped, especially from birth to twenty-one years of age. Other agencies - social services, private agencies, etc. - must plan for the adult deaf-blind locally with coordination by a multi-disciplinary state advisory council, including a recreational specialist in its composition.

State institutions should assume a greater responsibility in programming for their concentrations of residents who are deaf-blind. While eligible for institutional services by virtue of other handicaps, the deaf-blind must receive programs adapted to their unique constellation of problem conditions, even though they may be in state schools for the deaf, blind, mentally retarded, mentally ill, and so forth.

It seems reasonable to make the following position statements:

1) More responsibility for funding service programs for deaf-blind individuals must be assumed at state and local agency levels. Federal funding should emphasize demonstration projects, research, and supplemental services.

2) Recognition of the need for comprehensive planning on a state or regional level and the development of goals and objectives to meet the needs of individual deaf-blind persons. During the development of a comprehensive plan, it is recommended that a person trained in therapeutic recreation be appointed to the regional and state advisory committees serving deaf-blind programming.

3) The need for a team approach in planning and implementing services must be recognized.

4) The need to emphasize early identification, counseling, and home visitation and/or pre-school programming for the deaf-blind person is of utmost importance.

5) The need to develop on-going programs which will emphasize self-help skills, vocation training, etc. be recognized and implemented.

6) The need to develop data collection systems, the sharing of information between agencies, needs verification, program planning and development must be implemented.

7) Appropriate training of persons in therapeutic recreation and all other professionals who interact with the deaf-blind person. Emphasis must be given to deafness and its unique implications.

8) Departments providing training in therapeutic recreation and special education need to communicate and provide cross training of personnel.

Work group members:

Fred Humphrey
Herb Lange
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Purchase of Service

Part 1. Some Notes on Purchase of Service

by

The Project Staff

- Most third party purchase of service is for medical care.

- The need is to identify those processes whereby a demonstrable result takes place.

- Recreation may be like special education in that it is outside the medical treatment process.

- Can you establish a direct relationship between what is done (by the 'therapists') and what is achieved ('cure') in the model of the classic medical treatment process?

- How does recreation or recreation therapy fit into a medical treatment plan and under what circumstances or diagnosis is it considered part of a medical treatment plan?

- The need may be to move entirely away from the medical treatment model into a "social" model.

- The same problems in general confronts recreation as confronts nursing homes where the residents are not sick but they have needs which society must respond to.

- In many of the features of acute medical care is that there is little concern for the "environment" as contracted with the importance of the environment of the handicapped child.

- We can look at recreation in two different modes: 1) a societal need; 2) in programs for handicapped there is a distinct team approach wherein recreation has a part.

- Many of the therapies, such as O.T., Industrial Therapy, Educational Therapy, etc. often essentially are practicing psychotherapy but in a designated milieu.

Part 2. Medicaid-Purchase of Services

by

Gerald L. Hitzhusen

First of all, Medicaid if for certain kinds of needy and low-income people, such as the aged, the blind, the disabled and other families with dependent children, and is available through your Welfare Office. Medicaid is for almost everyone 65 or older, and one applies through the Social Security Office.

There are two categories of coverage:

* Aid to families with dependent children, which would include the blind-deaf child, and

* Aged, blind, and disabled.

The AFDC category is automatically covered under Medicaid if they are receiving welfare payments. Also, according to options by states, medically needy families not on welfare could be eligible.

In the aged, blind, and disabled category, the Federal Government has, since January, taken over welfare portions and Federal standards are much more liberal than most state standards. Under this arrangement the state can opt to:

* Cover under Medicaid all Federal welfare recipients, or

* Apply the state's welfare eligibility standards in determining which of these recipients will receive Medicaid. However, those deemed "medically needy" under a standard formula must be covered under Medicaid.

Mandatory Benefits:

home health care services
out-patient services
diagnostic services
early and periodic screening, diagnostic services and treatment for children
in-patients services
physicians service
skilled nursing facility services
family planning

Optional:

private duty nurses
dental services
drugs
glasses
intermediate care facilities
clinical services
physical and occupational therapy
psychiatric hospital services for those over 65 and under 21

Part 3. A Position Paper on Financing Recreation for Handicapped

by

John A. Nesbitt

(During the Institute, a Work Group on Purchase of Service was organized composed of Dr. Claudine Sherrill, Mr. William A. Hillman, Jr., Ms. Janet Floyd, Ms. Mary Thomas, Mr. Kent Pipes and Dr. Nesbitt. The Work Group discussed Lectures and Section 2 presented here. Following the Institute Dr. Nesbitt prepared a paper entitled, "Financing Recreation for the Handicapped" that was presented August 15 and 16 in Washington, D.C. at the National Forum on Recreation for the Handicapped. The following is drawn from that paper.)

There are half a dozen really fundamental problem areas in recreation for the ill and handicapped. Prejudice toward the ill and handicapped in all spheres of life - education, employment, and recreation - is one of the major problems. Indifference to handicapped by architects, urban and regional planners, builders, city officials and so on in the constructions of building and facilities that automatically exclude the ill and handicapped is another. One of these major fundamental problems is financing programs and services for recreation for the ill and handicapped. Sometimes it seems that money is the answer to all the problems. But, we all know that money is never the solution. The lack of money is simply the symptom of many other problems such as lack of public understanding and support, lack of professional involvement and commitment and so on.

But, the problem of funding and broad public understanding and support is a 'chicken and egg' situation. Which comes first? Without one you can't have the other; if you have one, you have the other. But, how does one change from being a 'have not' into a 'have' in terms of funding and financial support. The suggestions that I will make herein will deal simply with why we don't have it, where we need it and how in a few cases it might be used.

The lack of money in a number of major areas can be described as being debilitating to the recreation for the ill and handicapped movement. Here are the major problem areas:

1. Lack of funds for provision of local services.

2. Lack of Federal/State support programs and services.

3. Lack of 'purchase of service' status with health and rehabilitation agencies.

Let's look at each of these levels and some of the related problems.

Costs Are Higher

One fact must be faced at the outset. The provision of recreation for the ill and handicapped services is more costly than the provision of services for non-handicapped. In some cases the funding needed to serve 500 severely handicapped people would be equal to the funding provided for recreation service for a community of 50,000 people. Often recreation for the ill and handicapped requires intensive one-to-one types of professional service that recreation and park departments are not financially prepared to offer. There is no 'cheap' solution or way out. If an agency determines that it is going to provide recreation services for the ill and handicapped, additional funds will be needed.

The Funding Dilemma

Presently, there is an unfortunate irony operating between the local level and the Federal level in funding for recreation for the ill and handicapped.

First, readers should recognize that the worldwide history of the development of special services for the ill and handicapped and rehabilitation services in particular has been a history of national governmental involvement and funding for services. Here in the United States the Federal Vocational Rehabilitation and Special Education programs as well as innumerable other health and rehabilitation programs, have been funded in significant amounts at the Federal level and program development and increased numbers of people being served at the local level has resulted.

In fact, the U.S. Rehabilitation Services Administration and the U.S. Bureau of Education for the Handicapped have supported research and training in recreation for the ill and handicapped but support for actual local services for recreation for the ill and handicapped has been outside their jurisdiction. Logically, they have interpreted the provision of direct services as a responsibility of the recreation and park profession and agencies.

What is the situation of the local recreation and parks department? Recently the National Recreation and Parks Association magazine, *Parks and Recreation* published a series of National Positions Statements on Human, Natural and Fiscal Resources. In the Human Resources statement, it said clearly that the ill, handicapped, disabled and disadvantaged should be served by local recreation and park agencies. But, in the Fiscal Resources statement it said just as clearly that service to these populations would be possible only with Federal and State level financial help. The local park and recreation department can not fund these special services under the present financial constraints.

Where does the Federal government stand? Well, the Nationwide Outdoor Recreation Plan recently published by the U.S. Bureau of Outdoor Recreation suggested that ill and handicapped were the primary responsibility of agencies closest to them, the local recreation and park agencies. There is no Federal program of support for recreation and park service at the State or local level to provide service for handicapped.

What this appears to boil down to is that the local agencies can't afford to foot the bill for recreation service for the ill and handicapped and the Federal government takes the position that the responsibility for ill and handicapped will have to be borne by the local agencies.

My opinion, one that I have expressed formally to the U.S. Bureau of Outdoor Recreation, is that the Federal Government through the Bureau of Outdoor Recreation must develop a program of significant financial support for State and local services for recreation for the ill and handicapped. We may spend billions to create, protect and maintain our nation's great recreation heritage and to provide for the recreation needs of future American yet unborn but the Federal Government can not ignore the fact that up to 25 percent of all Americans lack access to our current and future recreation legacy. For these special populations America's rich recreation legacy simply doesn't exist. It is not just, fair or fitting to leave the ill and handicapped holding the 'recreation bag', to leave the ill and handicapped, as I have said before, 'lumped and dumped' outside the park lands of America.

In summary on this point, the first line of attack on the lack of local services for recreation participation for the ill and handicapped and aged in our local communities is a Federal program of direct financial support.

The Local Community

The local community has its share also of responsibility for the development of local services for recreation for the ill and handicapped. There are a number of solutions that can and have worked. These include direct allocation of existing budgets, obtaining additional funds for the provision of services for ill and handicapped, and cooperation and coordination with local voluntary, educational and rehabilitation agencies in the funding of services and the provision of facilities. The critical issue in any given community is the degree of philosophical commitment that exists on the Commission or Board, among the professional staff and so on. The determination of parent advocates and consumers is also becoming recognized as important.

New Funding Models

Over the last five years there has been a search for new ways of obtaining funds through existing programs. For example, some five years ago a search started in San Jose, California for some means of using Social Security support for the provision of recreation services for disabled welfare recipients. It has taken five years but presently a program is being operated which has increased the number of people being served from around 250 to 2,500. Over a 24 month period it is anticipated that some $300,000 will be turned over to their recreation programs. This is providing a model for the entire nation. Other models are being developed.

The means to achieving this level of success in the provision of local recreation and parks services is along these lines. The local agency should organize a major administrative division, which deals exclusively with recreation services for ill and handicapped, staffed with personnel holding advanced degrees, who have experienced in the provision or recreation for the ill and handicapped. The responsibility of the division should be the development, organization, funding and evaluation of programs and services.

The 'Purchase of Service' Dilemma

As if one funding dillemma wasn't enough, recreation for the ill and handicapped has two dilemmas. The second dilemma is based on the 'medical model' in the provision of services through health and rehabilitation services such as Medicare. The problem is basically that with the high and spiraling costs of medical care and all health related services, those agencies who purchase services demand a medical or functional diagnosis or assessment of disease, malfunction - they want a documented problem. Given the problem they then will purchase services which will eliminate, reduce, ameliorate or in some observable and measureable manner diminish the problem and increase the patient's functioning.

Whereas purchasers of service will purchase surgery, physical therapy, preparation for employment, or remedial education, they will not purchase services designed to provide preparation for enforced or inordantly high levels of leisure (a recent quip defined unemployment as 'non-perferential leisure'), to provide transportation for recreation participation, to provide salaries for recreation specialists to work on a one-to-one basis in overcoming recreation isolation, recreation dysfunction, recreation deficits. These purchasers of service do not accept of fact that a person may be living in total recreation isolation off the job or in the home which may result in other problems for which purchase of service is a necessity, maybe a more costly necessity than the purchase of recreation service. The purchasers of service are presently unable to accept the need or desirability of purchase of service to make recreational and cultural participation possible, to assure that the quality of life will attain a certain minimum level. I do agree with the philosophy and necessity for accountability in the current purchase of service scheme. In fact, I endorse the entire program. But, I do point out that an entire area of human experience is being left out. And, consumers and those who purchase service, and recreation people must sit together to work up of the formulas and purchaseable programs that will address themselves to 'aesthetic deprivation' and the quality of life of the ill or handicapped person.

In conclusion, let me say also that while there are many rehabilitation benefits that have been identified as being associated with the provision of recreation services to ill and handicapped, in the main purchasers of service do not buy recreation service on a therapeutic or prescriptive basis. Until this dilemma is dealth with there will be literally millions of people who will not receive the 'therapeutic' benefits of recreation participation.

The Federal Program Vacuum

Through the efforts of a few units within the U.S. Department of Health, Education and Welfare, most notably the Research and Training program of the Rehabilitation Services Administration headed by Dr. James F. Garrett and Mr. Harold Shay and the efforts of Dr. Ed Martin, Deputy Commissioner of the U.S. Bureau of Education for the Handicapped, the BEH Research in PER Coordinator, Mr. Mel Appell, and the BEH Training in PER Coordinator, Mr. William A. Hillman, some progress has been made in the development of new knowledge and insight into provision of recreation service for the ill and handicapped, some progress has been made in training professional personnel at the masters level and some recognition has been garnered at the Federal level. Of course, the most important recent breakthrough has been the direct involvement of the U.S. President's Committee on Employment of the Handicapped headed by Mr. Harold Russell and Mr. Bernard Posner, with Mr. Paul Hippolitus as Executive Secretary of the Committee on Recreation and Leisure. But, only the surface has been scratched in the level of Federal program that should be offered. Whereas hundreds of millions have been spent in health, rehabilitation and education for the ill and handicapped achieving marvelous advances for the ill and handicapped in research and training and technical assistance leading to the solution of countless thousands of problems, providing thousands upon thousands of highly trained and skilled, dedicated new workers in the rehabilitation of disabled, at the most only $10 million has been expended on recreation for the ill and handicapped.

I have written an article that appears in Leisure Today published by the AAHPER that describes a $20 million Federal program in recreation for the ill and handicapped. This program would provide research, training and technical services that are an absolute necessity if we are to make any significant headway in the development of recreation services for the ill and handicapped over the next 25 years. Without this type of program as a base, minimal level effort at the National and Federal level, we are whistling in the dark. And, the irony here is that all we need to make such a program a reality is to decide that we want it. There is enough professional insight, enough consumer influence, enough potential humanistic dedication at the National Forum to make such legislation a reality, within 18 months from today.

What Will the Year 2,000 Be Like for the Handicapped

There are a number of features of the recreation and leisure life style of the ill and handicapped that everyone at this meeting wants to see changed and improved. But. if we expect to make any progress we must obtain the funding necessary to do the job. We need services for people who are ill or convalescent, for handicapped who are living in the community, for those in institutions whose lives could be totally transformed through the provision of recreation for the ill and handicapped. Take just one population, the deaf-blind. We have recently looked into the life experience and recreation and leisure life of the children and adults who are deaf-blind. This effort is supported by the U.S. Bureau of Education for the Handicapped. We are only into the first stage of this project but I am already convinced that through a project costing just under a hundred thousand dollars we will for all time considerably improve the entire life experience of people who suffer this unfortunate condition.

I submit that unless we band together, consumers, professionals, parents and volunteers that the year 2,000 may be little different from the year 1974 in terms of recreational and cultural fulfillment for the ill and handicapped.

Some Closing Thoughts

Those of us who have dedicated our professional lives to the achievement of dignity, the acquisition of the highest functional skills possible, and the attainment of person fulfillment for all citizens, for all people in direct regard to those quirks of fate that serve to differentiate the 'able bodied' from the 'non-able bodied' have before us the final challenge in the progressive growth of the concept of rehabilitation in the 20th Century. That final challenge is the achievement of personal dignity and fulfillment through recreational and cultural participation. We have witnessed the enormous advances made first in physical, medical and then in vocational rehabilitation, social rehabilitation and special education. Now, we are presented with the opportunity to push the frontier of rehabilitation knowledge and service even further to include recreational and cultural fulfillment. How can we do less than meet the challenge.

Students in Deaf-Blind Work
by
Twyla Misselhorn - Leader

A. Recreation Service for Deaf-Blind Course Outline.
   How does a student get information on deaf-blind people?
   1. Therapeutic recreation classes should allocate time to the study of deaf-blind individuals.
   2. Tap people from Deaf-Blind Regional Centers.
   3. Hold workshops
   4. Consumer advocates in class
   5. Video tape data bank
   6. Students should be "tuned into" multi-handicapped individuals.
   7. Students should approach deaf-blind individuals with a Problem Solving Method - meet kids needs and design a program.
   8. Have available resources - know people contacts.

B. Coursework and Practicum in Preparation for Recreation Service with Deaf-Blind.
   1. Skills recommended: knowledge of vision, sign language, sensory deprivation awareness, know how to approach the children.
   2. Important - Why you do an activity and what happens as a result.
   3. No basic coursework recommended - 4 possible areas of education:
      a. recreation service education
      b. Psychology of the handicapped
         Pathology - nature of the handicap
      c. means of communication
      d. Knowledge and skills to make adaptations for recreation activities
         PE for the Physically handicapped
         PE for the Mentally Retarded
         PE for the Emotionally Disturbed
   4. Practicums - contact all Regional Centers and get a list of all deaf-blind programs in the country.

C. Internship Sites
   1. Contact Deaf-Blind Regional Centers
   2. NRPA
   3. NTRS
   4. Interns need close supervision because there are few recreation persons in the field of recreation for deaf-blind.
   5. Definition of field placement needs to be developed.

D. Basic Preparation for Working with the Deaf-Blind
   1. Can You Handle It?
   2. Recreation therapy for deaf-blind is recreation education.
   3. Preparing personnel - in-service training, workshops.
   4. Use a multi discipline approach - hold conferences; take into consideration other fields and what they have to offer.
   5. One person should work to a great degree with the child so that the child can develop a trust relationship with that person.
   6. The prospective intern or worker should be oriented to the deaf-blind; types, ages, etc. The student should quiz his instructor to gain information.
   7. Your attitudes toward the deaf-blind and how the deaf-blind (multi-handicapped) feel about you should be expressed.

E. Job Opportunities
  1. To get a job, especially in 5 years, you should be diversified in the area of the multi-handicapped.
  2. Develop a wide variety of skills
  3. If interning, think ahead - see if you have a chance of staying on after you complete your internship.
  4. Expose yourself - create your own position possibly - Tell them "I'm a person with these skills, can you work me in?"

Work Group Members:

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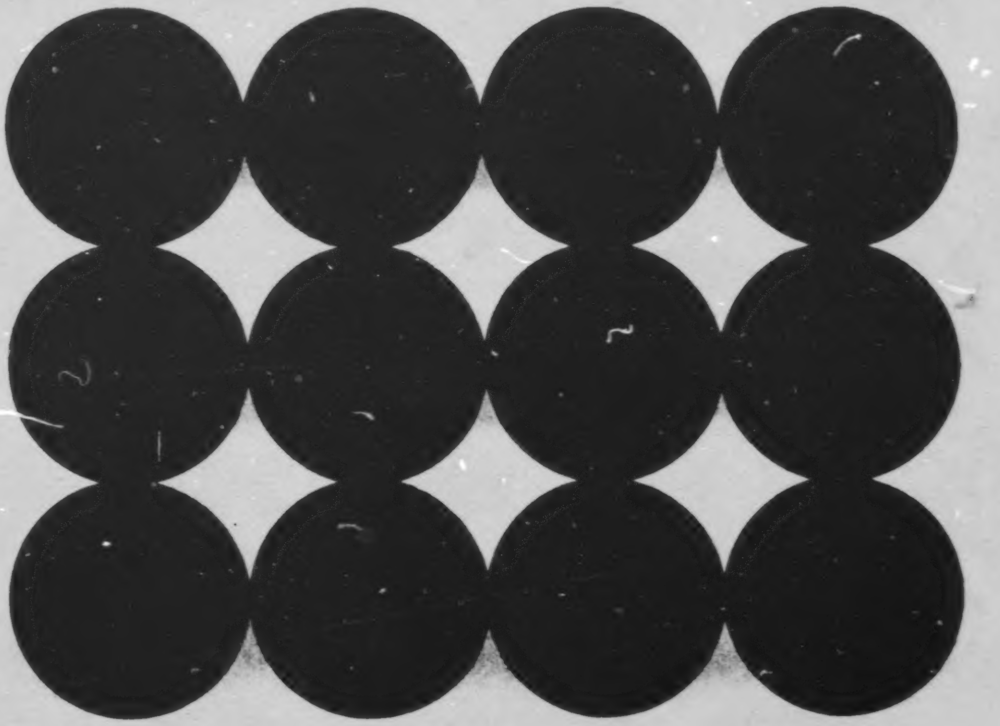
CHAPTER XII. EPILOGUE



Programs for deaf-blind are developing and growing as material is developed, staff and professional workers become aware of problems and implement solutions. The material that follows gives the reader an idea of the status of recreation service as a component of rehabilitation of the deaf-blind person and as a component of the complete development of the individual.

There are programs, written material and specific equipment available for recreation for deaf-blind but this is the start, the baseline to guide the future development of services. From this point services will increase as the professionals and the deaf-blind themselves increase their awareness and contribution that recreation and leisure can make to the development of the total person.

RESOURCES

A. Selected Recreation for Deaf-Blind Model Program Sites

by
Project Staff

To make a determination of exemplary recreation and leisure programs throughout the nation (p. 11 - Part A., Continuation Application) a Program Survey (Appendix A.) was constructed. This was distributed to one hundred and fifty (150) program sites throughout the Nation. Sixty-five (65) surveys were returned to date. These returns were utilized in the determination of model sites using the following criteria:

(1) Provision of an organized recreation program (staffed-funded) (2) Scope of recreation and leisure activities (3) Range and number of staff invilved in the D/B program (4) Resources available to recreation, including equipment, facilities, etc. (5) Recreation program elements including stated philosophy/guidelines, budget and other/funding elements.

Nineteen (19) programs were selected as model sites with consideration given to provide nationwide examples of programs, consideration of the relative size of D/B population served and types of primary services provided.

The following table shows the types of centers that are represented as model programs.

Table I

Type of Centers - Deaf-Blind Program	N=19
1. State Braille School	3
2. State M.R. School	3
3. State Deaf School	0
4. Public School	4
5. Sheltered Workshop	
6. Social Service Agency[1]	1
7. Other*	8

*Those responding as other include(two)State Hospital,(one)Convalescent Hospital,(one)State D/B School,(two)Private School,(one)Regional D/B Center, and(one)Regional Diagnostic Clinic.

All nineteen of the selected sites responded as having an "organized recreation program" (staffed-funded).

Ten (10) of the selected sites had stated philosophy/guidelines for recreation services, seven (7) had none stated and two (2) did not respond.

To determine the scope of recreation activities offered at the sites the following were used as program areas: Physical Activities (28 items), Table Games, Handwork and Crafts, Literary-Passive Activity, Swimming Program, Rhythm/Music Program.

Table 2

Program Areas

Site #	P.E.	Table	A&C	Lit.	Swim.	Rhythm/Music
	P*=28	P=6+	P=21	P=4	P=2	P=7
1	19	-	11	1	2	7
2	12	-	12	1	-	6
3	12	-	7	1	2	6
4	25	-	16	2	2	7
5	10	-	11	1	-	7
6	26	5	20	4	2	7
7	25	6	16	-	2	4
8	26	-	17	4	2	7
9	9	2	4	1	-	1
10	16	2	15	3	1	7
11	24	-	14	3	2	6
12	11	3	17	4	-	7
13	13	-	6	1	1	7
14	27	2	16	2	2	4
15	14	-	4	2	1	7
16	25	5	20	3	2	7
17	22	-	16	4	1	7
18	15	-	18	4	1	7
19	11	3	15	3	1	6

*P means the total number of possible recreation activities in each category. For example, in "swimming" the possible recreation activities are Formal Lessons and Free Swim.

The Rhythm/Music program area was available in all selected program sites. Twelve (12) sites provided all of the possible activities listed. (Seven items)

Table games were not provided in eleven (11) sites with many responding as having only a few of the possible table games available. This activity was "Not Applicable" in many sites as the age groups served may be too young or at an extremely low developmental level. Physical education activities and Arts and Crafts activities were provided at all selected sites and only one (1) site did not respond as providing literary activities. Only four (4) sites had no swim program with nine (9) sites providing both formal lessons and free swim and six (6) sites providing only one segment of the swim program.

To show the number and type of staff available at the selected sites the following table (Table 3) was prepared. This shows the staff used in the entire institution while Table 4 shows the staff involved in the recreation program.

Table 3

Types and Total Numbers of Staff in Selected Model D/B Centers.

Staff	Total Number
Teacher	95
Teacher Aide	131
Technician Orderly	0
Technician Aide	57
Speech Therapist	19
Physical Therapist	10
Occupational Therapist	7
House Parents	36
Social Worker	18
Nurse	36
Audiologist	9
Physician	16
Physical Education Teacher	16
Recreation Specialist (therapeutic)	5
Volunteers	139

As seen from this table the majority of the staff are teachers or teacher aides. Only five (5) sites had a staff employed in the position of recreation specialist (therapeutic).

Table 4 shows the staff that is primarily responsible for the recreation program at the site.

Table 4

Primary Staff responsible for Recreation Programs in Model Deaf-Blind Sites.

Staff	Numbers
Teacher	8
Teacher Aide	3
Physical Therapist	1
Aide	4
Motor Specialist	1
Adapted Physical Education	4
Recreation Director	1
Occupational Therapist	1
Recreation Therapist	4

Classroom teachers and teacher aides are the primary staff providing the recreation program while Physical Education and related field staff provide recreation in some sites.

Obviously, the Recreation Specialist position has the lowest representation of personnel working with deaf-blind at the 19 program sites.

To provide recreation services the following facilities are utilized by the selected sites.

Table 5

Site #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Facilities																			
Sep. Living Unit				X			X							X	X	X			X
Wards	X		X			X	X	X			X						X		
Day Care													X						X
Classroom	X	X	X	X	X	X	X	X		X	X	X	X	X		X	X	X	X
Playroom	X		X	X		X	X	X		X	X		X	X		X	X		X
Gym	X			X		X	X	X		X	X					X			
Swim Pool	X		X	X		X		X			X		X	X		X	X		X
Playground	X		X	X	X	X	X	X		X	X		X	X		X	X		X

Classrooms, playrooms and playgrounds are the primary facilities utilized for recreation. As most programs (15) are primarily education sites (schools) those facilities are the most available for recreation.

Equipment used in the recreation program is shown in Table six (6). Twenty-one (21) possible pieces of equipment were listed. (see item 11.0-Appendix A).

Table 6

Equipment used in program Activities
(see Section 11. Appendix A)

N=21

Site #	Equipment	Site #	Equipment
1	17	11	18
2	12	12	21
3	15	13	13
4	17	14	15
5	16	15	18
6	21+	16	13
7	14	17	16
8	15	18	17
9	0	19	13
10	16		

Equipment for activities is available in all but one site. The majority of the equipment available for recreation also lends itself to classroom or playroom use.

Summary

As the age population is rather young in most D/B program sites selected they tend to be education and education related services. These school settings utilize the classroom, playroom and playground as settings for their recreation activities. The teacher or teacher aide provides the primary leadership in recreation and related activities. A small number (5) of the model sites employ a recreation specialist to develop the recreation services.

The selected sites offer moderately diversified recreation program areas and some 19 variety of recreation and leisure opportunities and experiences. Some have developed preliminary guidelines for recreation services and have certain money available for preliminary recreation programs. Those sites that are not as developed in recreation services indicate a lack of facilities, of trained recreation staff and of funds as deterants to program development.

All 19 selected model sites provide basic elements of recreation program which would serve as models for other agencies. These selected sites represent a cross-section with regard to both size, population and regional area served. A listing of the selected model sites is shown in Appendix B.

Appendix A

Program Survey

The following survey is being conducted by the University of Iowa Recreation Education Program in conjunction with a grant awarded by the USOE-BEH for the development, identification, and dissemination of program models, operational guidelines and instructional materials for recreation for Deaf-Blind.

Your assistance and expertise in this effort is deeply appreciated.

Agency Name________________________________ Address__________________________

Deaf-Blind Program Representative____

Title of Deaf-Blind Program/Area____

1.0 Type of Center - Deaf-Blind Program
(Check) _____.1 State Braille School
_____.2 State M.R. School
_____.3 State Deaf School
_____.4 Public School
_____.5 Sheltered workshop
_____.6 Social service agency
_____.7 Other__________________________________

2.0 Population
(Number) _ _ .1 Number of Deaf-Blind in program
_ _ .2 Number of totally Blind (Legal definition)
_ _ .3 Number of totally Deaf (Legal definition)
_ _ .4 Totally Deaf-Blind
_ _ .5 Other handicaps
(List) .51__________________________ (Number) _ _
.52__________________________ _ _
.53__________________________ _ _
.54__________________________ _ _
.55__________________________ _ _
.56__________________________ _ _
.57__________________________ _ _
.58__________________________ _ _
.59__________________________ _ _
.60__________________________ _ _

3.0 Population age - Cronological (Deaf-Blind Program)
Years
_ _ .1 0-4 (insert number of persons in program)
_ _ .2 5-8
_ _ .3 9-12
_ _ .4 13-18
_ _ .5 19-25
_ _ .6 26-40
_ _ .7 41-65
_ _ .8 65+

4.0 Primary Program
(Check) ____.1 Vocational training
____.2 Pre-academic
____.3 Academic
____.4 Custodial
____.5 Sheltered workshop
____.6 Other - describe:______________________________

5.0 Facilities used by program
(Check) ____.1 separate living unit
____.2 integrated living on wards
____.3 day care center only
____.4 classroom
____.5 playroom
____.6 gymnasium
____.7 swimming pool
____.8 playground
____.9 Others:
____
____
____

6.0 Source of financial support
(Check) ____.1 Federal funds
____.2 State welfare funds
____.3 State education funds
____.4 Private donation
____.5 Others, name______________________________

7.0 Staff - indicate number of each
(Number) _ _ .1 teacher
_ _ .2 teacher aide
_ _ .3 technician orderly
_ _ .4 technician aide
_ _ .5 speech therapist
_ _ .6 physical therapist
_ _ .7 occupational therapist
_ _ .8 house parents
_ _ .9 social worker
_ _.10 nurse
_ _.11 audiologist
_ _.12 physician
_ _.13 physical education teacher
_ _.14 recreation specialist (therapeutic)
_ _.15 volunteers
_ _.16 others, name______________________________

8.0 Does your program have an "organized recreation program?"
(staffed-funded)
(Check) ____.1 yes
____.2 no

9.0 Staff persons primarily responsible for recreation program (titles)

.1 ________________________
.2 ________________________
.3 ________________________
.4 ________________________

10.0 Physical Education - Exercise - Recreation Activities

Activities that could be considered physical education, exercise or recreational activities.

(Check)
____.1 gross motor activity
____.2 fine motor activity
____.3 co-active motor activity
____.4 walking
____.5 running
____.6 skipping
____.7 galloping
____.8 scooting
____.9 hopping
____.10 jumping
____.11 relays
____.12 competitive games
____.13 swimming
____.14 diving
____.15 bus trips
____.16 car trips
____.17 camping:
  ____ day camp
  ____ over-night
____ 18 boat rides
____.19 pontoon rides
____.20 sledding
____.21 ice skating
____.22 bowling
____.23 picnics
____.24 skiing
____.25 hiking
____.26 riding bicycles
____.27 riding tricycles
____.28 others

11.0 Equipment used in program activities

(Check)
____.1 balance beam
____.2 walkers
____.3 benches
____.4 slide
____.5 maze (to walk or crawl)
____.6 lights
____.7 mirrors
____.8 mats
____.9 wagon
____.10 bicycle
____.11 pronation board
____.12 standing table (box)
____.13 set of steps
____.14 tandem bicycle
____.15 sounds
____.16 colors
____.17 trampoline
____.18 balls
____.19 tricycle
____.20 tandem bicycle
.21 sand box filled with
  ____sand
  ____styro foam pieces
  ____other materials, expla
  ____
  ____

Which items are specifically modified or adapted for use with deaf-blind children?

(List)________________________________

____

____

____

____

12.0 Table games used:

(Check) ____.1 checkers

____.2 dominoes

____.3 chess

____.4 chinese checkers

____.5 cards

____.6 scrabble

List others:

____

____

____

____

____

Which games are specifically modified or adapted for use:

(List)________________________________

____

____

____

____

13.0 Handwork and Crafts

(Check) ____.1 peg boards

____.2 ring stacking

____.3 bead stringing

____.4 puzzles

____.5 paper flowers

____.6 painting

____.7 printing

____.8 cutting with scissors

____.9 pasting

____.10 leathercraft

____.11 clay modeling

____.12 knitting

____.13 crocheting

____.14 weaving

____.15 finger painting

____.16 water colors

____.17 oil painting

____.18 crayons

____.19 coloring

____.20 pencils

____.21 writing

List other handwork and crafts:

____

____

____

____

____

What supplies are available for use in your program?

(Check) ____.1 paper

____.2 construction

____.3 newsprint

____.4 crayons

____.5 scissors

____individual

____two-person

____.6 finger paint

for tactile sensory training

____.7 beans

____.8 rice

____.9 oatmeal

____.10 others:________________

____

____

List all other materials and supplies

(List) ____________________
____
____
____
____

14.0 Literary-Passive Activity

(Check) ____.1 reading
____visually
____braille
____.2 listening to music
____ear phones
____.3 watching movies
____.4 watching TV

15.0 Swimming Program

(Check) ____.1 Formal lessons
____daily
____weekly
____as available
____.2 Free Swim
____daily
____weekly
____as available
____.3 Water temperature used
_ _ degrees
Temperature recommended
_ _ degrees
____.4 Parent/Guardian included
____yes
____no
____.5 Swim equipment used

(List) ____________________
____
____

16.0 Rhythm Program
Equipment

(Check) ____.1 Blocks
____.2 Bells
____.3 Cymbal
____.4 Drum
____.5 Piano
____.6 Records
____.7 Speakers (vibration)

Specialized Rhythm equipment

(List) ____________________
____
____
____
____

17.0 Does the Recreation Program have a stated Philosophy/Guidelines?

____1. Yes
____2. No
If Yes, please enclose.

Please enclose any other materials, program descriptions activity schedules, tables of organization, facility descriptions or other materials which would enhance your input to this survey.

Do you have a budget available for recreation ____Yes
____No

If possible, please state available budget for recreation program
$________________
____No exact figure available

Thank you for your time and effort. No single response will be identified but an overall view will be obtained to give a more complete picture of Recreation and Leisure services and programs available to Deaf-Blind. Please address any comments or questions to the project staff. Enclose all materials in the return envelope.

John Nesbitt
John A. Nesbitt
Project Director

Gordon Howard
Gordon K. Howard
Project Coordinator

Appendix B

Alabama Institute for Deaf-Blind
Southeast Regional Center
Box 268
Talladega, Alabama 35160

Arlington Developmental Center
Multisensory Handicapped Program
P.O. Box 399
Arlington, Tennessee 38002

Jacklyn Moore

Children's Convalescent Center
Residential Pre School
Box 888
Bethany, Oklahoma 73008

June Maddox

Colorado School for the Deaf and Blind
Mountain Plains Regional Residential Program
Kiowa & Institute Streets
Colorado Springs, Colorado 80903

Jan Thomas

Fairview State Hospital
Deaf-Blind Project
Costa Mesa, California 92626

Phyllis Bolin

Frances Blind School
Los Angeles Unified School District
5210 Clinton Street
Los Angeles, California 90004

Rosalie Calone

Greater Detroit Society for the Blind
Deaf-Blind Club of Detroit
1401 Ash Street
Detroit, Michigan 48208

Alice Raftary

Hannibal Regional Diagnostic Clinic
Missouri State Deaf-Blind Project
805 Clinic Road
Hannibal, Missouri 63401

Carolyn Arriola

La Colima Elementary School
Whittier Cooperation Special Education
  Program
11225 Miller Road
Whittier, California 90604

Megan Hiller

L.A. Unified School District
Deaf-Blind Pre School Class
6649 Balboa Blvd.
Van Nuys, California 91406

Los Lunas Hospital & Training
  School
New Mexico Programs for Deaf-
  Blind Children
Los Lunas, New Mexico 87031

Laird Richmond

Michigan School for the Blind
715 W. Willow
Lansing, Michigan 48906

Linda Collins

Mississippi Deaf-Blind Program
Ellisville State School
Ellisville, Mississippi 39437

Paul Cotten

New York Institute for the
  Education of the Blind
999 Pelham Pkwy.
Bronx, New York 10469

Bernadette Kappen

Oak Hill School
120 Holcomb Street
Hartford, Connecticut 06112

Mary Hamill

Office Supt. LA County Schools
9300 East Imperial
Downey, California 90241

Donald Welch

Porterville State Hospital
P.O. Box 2000
Porterville, California 93257

Charles Elms

State Home & Training School
Speech Therapy - Deaf-Blind Program
10285 Ridge Road
Wheatridge, Colorado 80033

Carol Cox

Texas School for the Blind
3710 Cedar
Austin, Texas 78705

Recreation for Deaf-Blind Children, Youth, and Adults: Population, Programs, and Literature

by

John A. Nesbitt

and

Gordon K. Howard

I. Population

To determine the population of deaf-blind children in the United States is indeed a difficult task. Salmon and Rusalem, in The Deaf-Blind Person: A Review of the Literature warn professional and research workers that: "Systematic, scientific studies are few in number and often imperfect in design,"but defend the bulk of the literature as "colorful, vivid and moving." (1, p. 18). In order to develop data for national needs determination for programs and development concerning deaf-blind persons a registry was started in 1946 by the American Foundation for the Blind. These findings are reported periodically (2) on aspects of degrees of impairment, date of onset of impairment and ranges of vocational, educational, and personal characteristics. This registry only contains cases brought to the attention of the American Foundation of the Blind, however, and contains varying methods of reporting cases with differing definitions, terminology, and diagnostic procedures. This reporting makes it difficult to make any general rations or statistical summaries concerning a national picture of deaf-blind persons.

A study by Graham[3] on multiply impaired children (3) contains data on 1045 deaf-blind children which is an estimated one-quarter to one-half of the known deaf-blind children under the age of 21 years in the nation.

The following tables are found in this study and show some of the factors and contingencies relating to deaf-blind children under study.

Table 1

Age Distribution of A.F.B. Sample of Deaf-Blind Children
(N = 1045)

Age Group	Number	Percent of Sample
Below 6	112	10.7
6-12	482	46.2
13-16	296	28.3
17-21	154	14.7
Unknown	1	0.1
TOTAL	1045	100.0

Average age = 11.9 years.

Table 2

Combined Visual and Auditory Impairments of A.F.B. Sample of Deaf-Blind Children
(N - 1045)

Numbers

Auditory Impairment	Visual Impairment			No Data
	Total Blind (N=549)	Travel Vis. (N=159)	Reading Vis. (N=326)	(N=11)
Deaf-congenital (N-259)	151	44	53	2
Deaf-adventitious (N-38)	26	1	10	1
Hard-of-hearing (N-658)	288	108	255	7
Aphasia (N-15)	8	2	5	--
No data (N-84)	76	4	3	1
TOTAL	549	159	326	11

Percentages

Deaf-congenital	27.6	27.6	16.2	22.2
Deaf-adventitious	4.7	0.6	3.1	11.1
Hard-of-hearing	52.4	68.0	78.2	55.5
Aphasia	1.4	1.2	1.5	--
No Data	13.8	2.5	0.9	11.1
TOTAL	99.9	99.9	99.9	99.9

From Table 2 it is shown that over half (52.4 percent) are totally blind. 32.3 percent are both deaf and totally blind (combined deaf-congenital and deaf-adventitious percentages).

Table 3

Hearing Impairment and Age at Onset of Visual Impairment of A.F.B. Sample of Deaf-Blind Children
(N=1045)

Hearing Impairment	Age At Onset of Visual Impairment				
	Birth	Before 3	After 3	Unknown	No Data Available
Deaf-contenital (N-250)	156	46	11	4	33
Deaf-adventitious (N-38)	14	16	5	--	3
Hard-of-Hearing (N-658)	361	212	34	8	43
Aphasia (N-15)	8	6	--	--	1
No Data (N-84)	25	16	4	1	38
TOTAL (N-1045)	564	296	54	13	118

Table 3 Cont'd.

Percentages

Deaf-congenital (23.9)	27.6	15.5	20.3	30.7	28.0
Deaf-adventitious (3.6)	2.5	5.4	9.2	--	2.5
Hard of Hearing (63.0)	64.0	91.6	63.0	61.5	36.4
Aphasia (1.4)	1.4	2.0	--	--	0.8
No data (8.0)	4.4	5.4	7.4	7.7	32.2
TOTAL	99.9	99.9	99.9	99.9	99.9

Almost three quarters (71.6%) of this sample had an onset of impairment of vision before reaching 3 years of age and well over half (64.0%) had this condition at birth. Visual memory, upon which concept formation may be based, is severally limited by these facts. This is further shown by Table 4.

Table 4

Hearing Impairment and Lack of Visual Memory Among A.F.B. Sample of Deaf-Blind Children
(N=860)

Hearing Impairment	Lack of Visual Memory	
	Numbers	Percent
Deaf-congenital (N=250)	202	23.5
Deaf-adventitious (N=38)	30	3.5
Hard-of-hearing (N=658)	573	66.6
Aphasia (N=15)	14	1.6
No data (N=84)	41	4.8
TOTAL	860	100.0

A seven (7) state subsample of deaf-blind children population is further reported to lend insight into other conditions to be encountered. The seven states reporting are: Vermont, New Hampshire, Pennsylvania, Illinois, Texas, Utah, and Oregon.

Table 5

Seven State Subsample of A.F.B. Sample of Deaf-Blind Children: Conditions in Addition to Deaf-Blindness

	Number	Percent
I. Persons Reported (N=130)		
No condition additional to deaf-blindness	59	45.5
With conditions additional	71	54.6

Table 5 (Cont'd.)

II. Additional Conditions Reported (N=215)	Number	Percent
Mental Retardation	73	34.0
Speech Problems	62	29.0
Brain Damage	27	12.5
Cerebral Palsy	10	4.6
Orthodontic defects	9	4.1
Cosmetic defects	7	3.2
Cleft Palate	5	2.3
Emotional Conditions	5	2.3
Other Conditions	17	8.0
TOTAL	215	100.0

This reflects that over half (54.6%) of cases have impairments in addition to deaf-blindness. The two greatest problems, mental retardation (34.0 percent) and speech problems (29 0 percent) are factors to be further considered in light of providing recreation to this population. These factors are both contingencies in communication and through recreation alternative methods of communication may be established (tactile, sensory stimulation, psycho-motor). To further explore retardation, Table 6 gives an indication of IQ levels of the subsample population.

Table 6

Seven State Subsample of A.F.B. of Deaf-Blind Children: Mental Retardation as an Additional Condition

Degree of Retardation	Number	Percent
None reported	57	43.8
75-90 IQ (educable)	20	15.4
50-75 IQ (educable)	32	24.7
25-49 IQ (trainable	12	9.2
Below 25 IQ (profound)	9	6.9
TOTAL	130	100.0

Less than half (40.1 percent) fall into the educable classification and a similar number (43.8 percent) report no retardation. If these potentials are reached can be debated. Another factor in potential inclusion in recreation is personal mobility. This can be seen in Table 7.

Table 7

Seven State Subsample of A.F.B. Sample of Deaf-Blind Children: Mobility Status

Usual Mode of Travel	Number	Percentage
Travel Independently	65	50.0
Use sighted guide	45	34.6
Use cane	5	3.8
Non-ambulatory	11	8.5
No information	4	3.1
TOTAL	130	100.0

While half (50.0 percent) are independent, over one-third (34.6%) are in need of a guide. This points to additional need to increase mobility skills. These may be important factors in the planning of recreation activities for this group.

REFERENCES

1. Salmon, Peter J. and Rusalem, Herbert. "The Deaf-Blind Person: A Review of the Literature." Washington: American Association of Workers for the Blind, Annual Report, 1966."

2. Analysis of Statistical Information on Deaf-Blind Children as of March, 1957. New York: American Foundation for the Blind, 1957. (Unpublished).

3. Graham, Milton D. "Multiply Impaired Children: A National Problem." New York: American Foundation for the Blind, 1968, 82 pp.

B. A Review of the Literature and Research in Recreation for the Deaf-Blind

by

Project Staff

Introduction

Current material dealing with recreation and research in recreation for the deaf-blind is difficult to obtain. A few monographs may refer to the need or benefits of recreation along with education or rehabilitation needs. The few articles that do refer to recreation are dated but do serve to give a historical perspective in the development of services. Recreation seems to have been included as a necessary appendage to services but its full impact and potential in the total development of the deaf-blind person is not presented as a clearly defined element. This is in parallel with the emerging of the recreation profession and its struggle for identity and definition. As the recreation profession emerges then it has started impacting the other areas of humanitarian service as seen in the Recreation for Deaf-Blind project.

Much of the material available to the recreation worker that can be used with the deaf-blind must be gleaned from general recreation and program material and adapted, or from material dealing with the multi-handicapped and interpreted into recreation activities.

Most workers in services to multi-handicapped and particularly in work with deaf-blind become proficient in adapting ideas, materials and written material to deal not only with the deaf-blind in terms of overall needs but in also providing the individual program that is necessary. This skill of interpretation and modification will continue to be a part of the competencies of the staff worker.

The following report and materials are provided to assist the professional worker with a source for written material that may be of value in developing recreation services for deaf-blind.

To obtain literature relating to Recreation and Deaf-Blind the following Information Resource Centers were contacted and the results from each contact are as follows:

1. College of Health, Physical Education and Recreation
Microform Publications
University of Oregon
Eugene, Oregon 97403

Response: No materials of assistance to the project.

2. CEC Information Center
1920 Association Drive
Reston, Virginia 22091

Response: Eighty-one (81) responses
By category - Programs and Services for Deaf-Blind - 21
Teaching of Deaf-Blind - 10
Research & Demonstration Projects - 14
Multi-Handicapped - 7
Bibliography on Deaf-Blind - 1
Communication on Deaf-Blind - 5
Blind - 12
Deaf - 8
Other - 2
Recreation Services for Deaf-Blind - 1

An additional print out from CEC listed thirty-seven (37) items. Twenty (20) of these listed recreation programs and activities for blind and visually handicapped, eight (8) listings of recreation programs and activities for deaf, six (6) recreation programs for multi-handicapped and three (3) in other program areas. No response was listed for recreation and Deaf-Blind.

A selected bibliography[1] was furnished with abstracts on Physical Education and Leisure Time. No abstracts listed recreation for Deaf-Blind.

3. Smithsonian Science Information Exchange Inc. (SIE)
300 Madison National Bank Building
1730 M. Street N.W.
Washington, D.C. 20036

Response: No studies on Recreation for the Deaf-Blind
General studies reported relating to Deaf-Blind - six (6)

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[1] Exceptional Child Bibliography Series No. 612.

4. Special Education Instructional Materials Center
205 West 9th St. Suite 5
Bailey Hall
Lawrence, Kansas 66044

Response: No materials related to Recreation for Deaf-Blind.

5. ERIC
4833 Rugby Ave.
Suite 303
Bethesda, Maryland 20014

Response: Referral to abstract journal Research in Education

6. Medline - MEDLARS
Dept. of Health, Education and Welfare
Public Health Service
800 Rockville Pike
Bethesda, Maryland 20014

Response: Referral to University of Iowa, Iowa City

The following published bibliographies were utilized in the gathering of materials, publications, and other resources concerned with the recreation and leisure of the Deaf-Blind child, youth and adult.

The Deaf-Blind - A Selected Bibliography (March 1971)
Washington State Library
Olympia, Washington 98501

Annotated Bibliography of Selected References:
Deaf-Blind and Multi-Handicapped Children
Central Regional Center of Services for Deaf-Blind Children
Minnesota State Dept. of Public Welfare (1972)

The Deaf-Blind Person: A Review of the Literature
Peter J. Salmon and Herbert Rusalem (1966)
American Association of Workers for the Blind Inc.
1511 K Street N.W.
Washington, D.C. 20005

Physical Education and Recreation
A Selected Bibliography (July 1972)
The Council for Exceptional Children
Jefferson Plaza Suite 900
1411 S. Jefferson Davis Highway
Arlington, Virginia 22202

Parent Education/Parent Counseling
A Selected Bibliography (Aug. 1972)
The Council for Exceptional Children
Jefferson Plaza Suite 900
1411 S. Jefferson Davis Highway
Arlington, Virginia 22202

Resources for the Rubella Deaf Child
Directory of Services for the Multi-Handicapped
Deaf and/or Hearing Impaired
American Annuals of the Deaf
Gallaudet College
Washington, D.C. 20002

From these materials, bibliographies and by correspondence to Regional Centers and program sites one hundred and forty-four (144) pieces of literature were gathered.

Ten (10) articles contained information or references to recreation and use of recreation in services to Deaf-Blind. These articles contain information on physical education and recreation services for handicapped, reports of workshops and conferences on Deaf-Blind and several activity program areas including music, dance and wrestling. The bulk of the materials, 106 articles, papers, monographs and newsletters fell into (1) Materials on Blind, (2) Materials on Deaf, (3) Programs for Multi-handicapped, (4) Medical articles, (5) Grant proposals and reports of Federal Projects for Deaf-Blind, (6) Other articles.

From this review of available literature in the area of Recreation Services for Deaf-Blind it is clear that there is a large gap in information. From this search of the literature a basic need for materials that can be used by programs service deaf-blind persons in areas of recreation and leisure service, specific recreation program areas and activities, guidelines for development and implementation concerning staff, funding, program content and research is seen.

A Review of the Literature and Research in Recreation for the Deaf-Blind

by

Project Staff

Articles of particular interest to persons interested in specific information on recreation for deaf-blind have been included in the following section. The articles relating specifically to recreation and deaf-blind have been annotated. Following these articles are materials that are references to recreation or use of recreation service that may be applied to the development and supplement of programs for deaf-blind and multi-handicapped.

Part I - Reference to Recreation and Use of Recreation in Service to Deaf-Blind.

Bettica, Louis J. "These People are People Too", Convention Proceedings, American Association of Workers for the Blind, Pittsburgh, Pennsylvania, July 26, 1966.

Recreation and leisure are inherent rights of all people. General public and many professionals may have incorrect attitudes towards deaf-blind citizens, their need, and potentials.

Therapeutic Recreation people should possess a desire to meet the challenge rather than fear the assignemtn of providing recreational opportunities for deaf-blind clients. They should address the needs, develop potentials.

Bettica, Louis J. "Introducing the Deaf-Blind Person to Services: Communication and Recreation", Convention Proceedings, A.A.W.B., July 29, 1958.

Communications is one of the keys to the deaf-blind person leading a successful and purposeful life. Communication is a necessary tool to help bring out the potentials that lies within the deaf-blind.

Recreation is one area of service which provides for social intercourse and self-satisfying experiences. Recreation can be available almost immediately. Deaf-blind should have a major role in deciding what activities they will participate in.

Bettica, Louis J. "Recreation for the Deaf-Blind at the Industrial Home for the Blind." (Typed) pp. 5.

The Industiral Home for the Blind initiated a deaf-blind section in 1945. Vocational training is provided and as part of the program recreation is included as an important part of the services and opportunities provided.

Activities engaged in by the deaf-blind through a program called Light Buoy include: Bingo, roller skating, bowling, fishing and swimming.

Cochran, M. "Kinaesthesia and the Piano." *Australiasian Journal of Psychology and Philosophy*, Vol. 8, 1930.

A discussion of the value of the kinesthetic sense in giving to deaf-blind persons an understanding and appreciation of rhythm. Helen Keller and Helen Uty Martin, the Deaf-Blind pianist, are given as examples.

Communication--A Key to Service for Deaf-Blind Men and Women, The Industrial Home for the Blind, Brooklyn 1, New York, 1959.

Recreation is a service that can be available to the deaf-blind almost immediately, provided he receives personal attention from professional.

Participants should be encouraged to play a major role in the planning of their recreation activities.

Jensen, Marcia. "Handbook of Arts and Crafts Projects for Deaf-Blind Children. Boston College Teacher Training Class." Boston: Perkins School for the Blind, 1969-70. (Typed.)

Miller, Irving. "Rehabilitation of Deaf-Blind Persons, Volume 6, Recreation Services for Deaf-Blind Persons." The Industrial Home for the Blind, Brooklyn 1, New York.

This publication describes and analyzes recreation services for the adult deaf-blind person and can serve as a guide for agencies that now deal with deaf-blind or may have contact with deaf-blind.

Standards, methods and techniques for recreation services are outlined. Included in this material is information on the use of volunteer staff, their recruitment, criteria for selection and supervision needs.

General considerations for program development include information on criteria to be followed in selecting activities and specific illustrations of program activities including: social dancing, parties, relay games, bowling, gingo and fishing.

The value of recreation as both a social necessity and as a rehabilitative tool is the general theme through the material. Professional and personal insight gives a human touch to the information.

Newsletter, Southeast Regional Center for Deaf-Blind Children, Alabama Institute for the Deaf and Blind. P.O. Box 698, Talladega, Alabama, 35160, Vol. V. No. 1, October, 1973.

Development areas: self-care skills, motor development, language development, social awareness, and auditory training - possible training - or by-products of recreational activities.

"The Reporter" Special Supplement, Industrial Home for the Blind, Brooklyn 1, New York.

IHB Recreational services are open to deaf-blind clients. Activities include social gatherings, games, arts and crafts, trips, dancing, roller skating, nature activities, bingo, etc. Clients conduct their own recreation program as much as possible.

Volunteers are used to provide leadership/guidance in many recreational activities.

Part II - Annotated and Non-Annotated Articles - General References for Recreation.

Barkus, Andrea Storm and Orff Schulwerk. "A Proposal for Its Application to a Program of Rhythm Instruction for Deaf-Blind Children." Boston College Teacher Training Class, Perkins School for the Blind, 1966-67. (Typed).

Bosch, Van J.J.A. Rhythm Program for Non-Verbal Deaf-Blind Children; A Physical Approach. Boston College Teacher Training Class 1968-69, Deaf-Blind Program. Perkins School for the Blind, 1969. (Typed). 37 pp.

California Transcribers and Educators of the Visually Handicapped. National Braille Association, Inc.: 12th National Conference, San Francisco, May 7-10, 1973. Sacramento, California: California Transcribers and Educators of the Visually Handicapped, Inc. 4 pp. plus attachments.

These workshops are designed for those persons who are concerned with the needs of the visually impaired and the mechanics of transcribing materials. Information ranges from activities of daily living and self-help skills to how to make clear tape recorded teaching programs, foreign language transcriptions and lifelong needs of multi-handicapped persons. Academic, recreation and social ideas will be explored.

Caputo, Kathleen M. "The Dance: A Proposal of Its Valuable Function in the Education of Handicapped Children. Boston University Teacher Training Class, 1965-66, Deaf-Blind Program." Boston: Perkins School for the Blind, 1966. (Typed.) (A film accompanies this paper.)

Dijk, Jan van. "Movement and Communication with Rubella Children." Presented at the Annual General Meeting of the National Association for Deaf-Blind Rubella Children, England, May 6, 1968.

Galloway, Anne. "Sensory Awareness for the Pre-School Deaf-Blind Child Through Orientation and Mobility Instruction," A Class Look At . . . . Azusa, California: East San Gabriel Valley School for Multi-Handicapped Children, April, 1971, 29-55.

Hayes, Gordon. "Teaching the Deaf-Blind to Wrestle, Harvard Teacher Training Class." Boston: Perkins School for the Blind, 1952-53. (Typed.)

Howe, Eleanor. "Play Program for a Deaf-Blind Baby from Infancy Through Three Years Old, Boston University Teacher Training Class." Boston: Perkins Institute for the Blind, 1963-64. (Typed.)

Maron, Sheldon. "Developmental Sequences of Perceptual-Motor Skills as a Basis for Physical Edcuation Program for Deaf-Blind Children, Boston College Teacher Training Class Deaf-Blind Program." Boston: Perkins School for the Blind, 1967-68. (Typed.)

Nesbitt, John A. and others. *Training Needs and Strategies in Camping for the Handciapped: Therapeutic Recreation Service for Handicapped Children Project California State University, San Jose, California,* Eugene, Oregon: University of Oregon Center of Leisure Studies, 1972. 241 pp.

Nesbitt, John A. (ed.). *Working Together in Recreation and Physical Activity for the Handicapped Child: Report of Proceedings of the Bay Area Workshop on Recreation and Physical Activity for Handicapped Children and Adolescents, Held at the Recreation Center for the Handicapped, Ind., San Francisco, May 18, 1971.* Papers by Mrs. Janet Pomeroy, Mrs. Benton A. Sifford, Jr., Work Group Reports and Exchange Group Reports; Directory of Registrants. 29 pp.

Nugent, Clare. *Implications of Play for the Deaf-Blind Child in Terms of Growth and Evaluation. Boston College Teacher Training Class, 1969-1970.* Perkins School for the Blind. (Typed). 37 pp.

Recreation and Physical Education for Handicapped Children: Initiating, Expanding, and Improving Programs at the Local, State and National Levels, Report of Proceedings of the National Institute on Program Development in Recreation and Physical Education for the Handicapped Children, Held at San Jose State College, April 22, 1971. Papers by David C. Park, Dr. Diana Dunn, Wallace Breitman, Jr., Dr. John A. Nesbitt, Mrs. Betty Wright, Mrs. Mildred Marcki, Mrs. Dorothy McDoughall, Mr. Ed Kelly, Mrs. Janet Pomeroy, and Mrs. Dolores Elliott; Directory of Registrants. 166 pp.

Smoot, Joyce. "Play Materials and Activities Stimulate Motor and Tactual Development in the Pre-School Deaf-Blind Program. Boston College Teacher Training Class, Deaf-Blind Program." Boston: Perkins School for the Blind, 1969-70. (Typed.)

Snow, Clifford. *A Sequential Approach to the Mobility Training of Educable and Trainable Blind Mentally Retarded at the Arkansas Children's Colony - Conway Unit.* Orientation and Mobility Specialist for the Blind.

This is a manual which explains step by step the methods used in teaching a blind person to walk. It includes directions for architectural barriers, the use of a guide, a cane & pre-cane techniques.

Stenquist, Gerturde. Rhythm Program for Deaf-Blind Children. Perkins School for the Blind, N.D. 19 pp.

Tutt, Louis M. *Motor-Skill Development of the Visually and Auditorially Unique Child.*

This is an explanation to parents and staff of how a deaf-blind child develops his motor-skills. It also gives certain areas for concentration in development of a motor-skills program for these children.

Tutt, Louis M. *Motor-Skills Program.*

This motor skills program is not a teaching manual. Rather it gives staff members an understanding of motor-skills and the planning of activities and experiences stimulating further motor-skill development.

Visually Handicapped Workers in Recreation Services, American Foundation for the Blind, 15 West Sixteenth Street, New York, N.Y. 10011.

A working relationship between those in the field of recreation and rehabilitation agencies interested in investigating employment opportunities for visually handicapped persons in the recreation field.

Unlimited range of jobs in recreation provide an opportunity to blind persons to fill some of these job positions.

Visually Handicapped Workers in Recreation Services: Guidelines for Selection, Training, Placement. New York: American Foundation for the Blind. June 25, 1969. 14 pp.

This booklet shows the feasibility of putting blind persons into jobs with guidelines for selection, training and placement.

Zimmerman, Michael. "Music Program for the Deaf-Blind Children Utilizing Orff Schulwek Plus a Tape. Boston College Teacher Training Class, Deaf-Blind Program." Boston: Perkins School for the Blind, 1970. (Typed.)

C. Recreation and Education Materials for Use with the Deaf-Blind

A cooperative project of the College of Education, University of Kentucky and the Bureau of Education for the Handicapped, U. S. Office of Education.

University of Kentucky

Regional Special Education Instructional Materials Center

730 South Limestone Street

Lexington, Kentucky 40506

The following materials may be used in motor skills, recreation and leisure activities. Some may be further adapted to fit specific situations.

62-0079-01-01	Tok-Bak Voice Reflector Plastic voice reflector which fits over the mouth and ears so as to reflect the speaker's voice back to his own ears. Aids in auditory discrimination and speech stimulation, correction through feedback of the voice.	$3.50 Tok-Bak Inc. NDA
70-0021-01-01	Cylinder Blocks Designed to develop perceptual skills dealing with lengths, heights, widths, and volume. Teaches discrimination of size and form.	$11.00 Educ. Teaching Aids A. Daigger NDA
70-0022-01-01 through 70-0022-04-01	Knobless Cylinders Four sets of ten knobless wooden cylinders; each fits into its own wooden box. All are color coded with non-toxic enamel and vary in size. Teaches size, shape and color discrimination. Aids in motor coordination.	$38.60/four sets $9.65 each A. Daigger NDA

70-0027-01-01	Thermal Cylinder Six stainless steel cylinders provide perceptual discrimination skills by filling in sets of two with cold, warm and hot water. Aids in motor control.	$24.00 A. Daigger NDA
70-0028-02-01	Sound Boxes Set of eight painted band-aid boxes divided into pairs which are filled with rice, beans, pebbles and sand. Object is to match these pairs. Aids in auditory discrimination and motor skills.	$3.00 UKRSEIMC c. 1966
70-0035-01-01	Weight Discrimination Boxes Set of ten small boxes of the same size and shape which are divided into pairs of corresponding weights. Purpose is to match these pairs. Develops perceptual discrimination and motor skills.	$2.00 UKRSEIMC c. 1966
70-0039-01-01	Children's Rubber Hands Set of twenty die-cut rubber handprints which can be used for measuring units for length. Aids in mathematical concepts and perceptual-motor development.	$3.95 Creative Playthings NDA
70-0039-02-01	Children's Rubber Feet Set of twenty die-cut rubber shoe soles. A suggested use as orientation for direction or measuring units.	$3.95 Creative Playthings NDA

70-0063-03-01 through 70-0063-04-01	Circle Board and Pegs Round wooden board containing holes may be used to develop concepts of circle formation and figure patterns. Pegs in four colors with small knobs and easily removed from board.	$9.95/set A. Daigger NDA
70-0076-04-01	Design Boards Six hardwood boards have artistic patterns deeply grooved and stained for tracing. Develops fine motor coordination and muscle development.	$9.00 Stein Enterprises NDA
70-0078-01-01	Perceptual Training Forms Five hardwood boards with large cut-out figures and one containing all the figure in smaller version. Develop form discrimination and fine motor skills.	$2.50 Stein Enterprises NDA
70-0084-01-01 through 70-0084-04-01	Lite Brite Extension of the pegboard method where a light shines through the various colored pegs. Designs are included and creation of geometric and superimposed figures are available. Aids figure discrimination, eye-hand coordination and fine motor control.	$8.95/Lite Brite $1.95/ea. access. kit DLM c. 1968
70-0108-01-01	Merri-Peg Beginners Board Hardwood board criss-crossed with red lines holds twenty five extra large pegs. Aids eye-hand coordination, visual discrimination and fine motor control.	$3.35 Judy Company c. 1969

70-0141-01-01	Nesting Wood Boxes 4 3/8" hardwood boxes and a solid cube. Fit one inside the other. Can be stacked. Holes in box sides. Aids in motor development.	$10.95 Creative Playthings NDA
70-0153-01-01	Audible Ball Sponge rubber ball with electronic unit inside which emits a bleep. Suitable for handball but not very rough games. Bleeps of balls vary, allowing more than one ball to be used in a game. Ball can be silenced. Battery recharges bleep. Braille instruction book accompanies ball.	$.70 Royal Nat'l. Inst. for the Blind NDA
70-0155-01-01	Gradation Kit Kit of five separately packaged sets of Montessori-type material to teach gradation by visual, auditory and tactile approaches in a parallel situation for learning. Color skills could also be taught.	$10.95 Ludy NDA
70-0168-01-01	Playskool Jumbo Beads Two strings with threaders and a set of large wooden beads in five shapes and six colors.	$2.25 School Supply NDA
70-0171-01-01	Giant Textured Beads Consists of 12 large wooden beads of 3 different shapes, 4 cubes, 4 rectangular solids and 4 cylinder. Each shape is painted a different color. 3 surface	$13.95 Ameri. Printing House NDA

	textures are provided for each shape--smooth, striped and checkered, the last two being incised into the surface of the beads. Introduces: solids of different shapes and bead-stringing.	
70-0177-01-01	Toys to Develop Perceptual Skills Kit including board games, wooden toys, and manipulative items for individual and group activity, with the object of providing experiences related to perceptual skills. Teacher's guide offers suggestions.	$45.00 Milton Bradley NDA
70-0180-01-01	Formboard with Removable Hands Consists of wooden base, 7" x 16" x 3/8", incised with a left and right hand, into which are fitted 2 wooden hands, painted blue. The top of the "hands" are smooth but the bottoms are textured. When the hands are in place, they extend 1/4" above the surface.	$7.75 Amer. Print. House for the Blind NDA
70-0214-01-01	Shape Board Consists of a tray with three rows of 5 pegs each, on which are hung flat pieces (1/8") of 5 different shapes and three sizes. The front and back surfaces of all shapes are constant to the touch.	$19.50 Amer. Print. Hse. for the Blind
70-0221-01-01	Puzzle Inset Board, Pigs Size Inset puzzle, designed to provide exercise in size gradation, demonstrating concepts of biggest, smallest and in between-larger than, smaller than. Also provides development of fine motor skills.	$1.75 DLM NDA

70-0229-01-01 Form Puzzle $2.75
DLM

Twelve pieces puzzle series, each an insert which may be used as a trace stencil. 12 form designs of varying colors.

70-0234-01-01 Explorations in Shape, Color and Size $24.50
C.S.S.

Plastic shapes in primary colors with a form board and hard cover text of exercises and instructions. Easy to handle, can be used to teach measurement, position in space, plus shapes and size.

NDA - No Date Available
NPA - No Price Available

It should be noted that the above prices are not only subject to change by the vendors but may vary according to the quantity ordered. Please consult the publisher's catalog before placing an order.

D. Audio Visual Materials - Deaf-Blind

Films

Children of the Silent Night - 27 min. showing how deaf-blind children can be taught to talk, the patience and dedication of teachers (Free loan)

Children Without Sight - 5 min. brief review of nature of education a Blind child should receive. (Free loan)

Circus Film - 9 min showing a circus which the Deaf-Blind Department at Perkins School for the Blind produced. (Free loan)

Physical Education for Blind Children - 19 min. - (2-day rental - $9.00) Showing physical activities for all ages of children.

Speech Instruction With A Deaf-Blind Pupil #1 - 6 min. (2-day rental - $5.00) Working with one pupil, teaching speech by tactile lipreading.

The Legacy of Anne Sullivan - 29 min. - Showing the many ways deaf-blind children and adults are educated and rehabilitated. (Free loan)

The Perkins Story - 40 min. - Showing nature of blindness and how children are educated at the Perkins School for the Blind. (Free loan)

The World of Deaf-Blind Children - How They Communicate - 29 min. - Importance of communication for Deaf-Blind children. Methods and techniques are shown. (Free loan)

The above films are available from the Film Library, Campbell Films, Academy Avenue, Saxton River, Vermont.

Happy, Forward! - 25 min. - For teachers and students in special education, shows job opportunities for blind.

These films may be ordered through
The Seeing Eye, Inc.
Office of Public Information
One Rockefeller Plaza, Suite 1912
New York, New York 10020

Video Tapes

1. "Techniques Used In Teaching Basic Locomotor Skills To Deaf-Blind Children", Fall, 1973. Written synopsis available.
2. "Recreational Activities For Deaf-Blind Children", Fall, 1973.
3. "Trampolining For Deaf-Blind Children", Fall, 1973.
4. "Techniques Used In Teaching Non-Ambulatory Deaf-Blind Children How To Walk", Nancy Adams, PT. Winter, 1974.

The above Video tapes on Motor Skill Development With Deaf-Blind Children are available through the

Colorado School for the Deaf and Blind
Division of Deaf and Blind
Kiowa and Institute Streets
Colorado Springs, Colorado 80903
c/o of Jan Thomas

Title	Original Source
"Anthony, Jamie, Janie: A Comparative Study on Test Tasks"	Perkins School for the Blind
"Jannie: Self-Motivated Exploratory Behavior"*	Perkins School for the Blind
"Language and Communication"+	East San Gabriel Valley School for Multi-handicapped Children
"Gross Motor"+	East San Gabriel Valley School for Multi-handicapped Children
"Fine Motor"+	East San Gabriel Valley School for Multi-handicapped Children
"Where Is He? Where Is He?"	New Mexico Program for Deaf-Blind Children
"Bob Howell-'Language Lesson and Total Communication with Laurie'"+	East San Gabriel Valley School for Multi-handicapped Children
"Lonna Anderson - 'Names'"+	East San Gabriel Valley School for Multi-handicapped Children
"Lonna Anderson - 'Sandwiches and Baby'"+	East San Gabriel Valley School for Multi-handicapped Children
"Sign-Teaching as a Diagnostic Tool"*	Perkins School for the Blind
"Thanksgiving Unit"+	East San Gabriel Valley School for Multi-handicapped Children
"Acquisition of Language through Coactive Movement with Lieke DeLeuw"	Michigan State School for the Blind

"Sensory Stimuiation - Part I"	Callier Hearing and SPeech Center
"Sensory Stimulation - Part III"	Callier Hearing and Speech Center
"Sensory Stimulation - Part IV"	Callier Hearing and Speech Center
"Sensory Stimulation - Part V"	Callier Hearing and Speech Center
"What Does a Parent Say?"+	East San Gabriel Valley School for Multi-handicapped Children
"Group Program Activities"+	Central Regional Center

Several programs have made video tapes recently about their programs for parent workshops and other groups. If you would like to see some good examples of this kind of tape, you might write the following people and ask if they will share their knowledge and tapes with you:

Bob Syverson
Grafton State School
Grafton, North Dakota

Mary Thompson
Woodward State Hospital-School
Woodward, Iowa

Arlene Skrob
St. Louis State School-Hospital
10695 Bellefontaine Road
St. Louis, Missouri

"The First Picture Show" slide presentation - shown at the St. Cloud workshop - may also be copied. Copies run approximately $.27 per slide or about $48.00 for the 176-slide presentation. A copy of the slide presentation with the sound track will be gien to the following Regional Centers and will be available for your use:

Mountain-Plains Regional Center
Midwest Regional Center (Michigan)
South Central Regional Center (Callier)

*These tapes are very poor quality and are not suitable for reproduction.

+A copy of this tape will be given to each of the 3 Regional Centers listed above.

For information on these tapes please contact your Regional Center.

E. General Recreation and Therapeutic Recreation Sources for Information and Technical Assistance

by
John A. Nesbitt
Larry Neal
William A. Hillman, Jr.

Recreation Literature

Basic Theory and Practice

Brightbill, Charles K. Man and Leisure, A Philosophy of Recreation. Englewood Cliffs, New Jersey: Prentice-Hall, 1961.

Caillois, Roger. Man, Play and Games. London: Thames and Hudson, 1961.

Haun, Paul. Recreation: A Medical Viewpoint. New York: Teachers College, Columbia, Bureau of Publications, 1965.

Kraus, Richard. Recreation Today: Program Planning and Leadership. New York: Appleton-Century-Crofts, 1966.

Kraus, Richard G. Therapeutic Recreation Service: Principles and Practice. Philadelphia: W. B. Saunders, 1973. 234 pp.

General Texts

Frye, Virginia & Martha Peters. Therapeutic Recreation: Its Theory, Philosophy and Practices. Harrisburg, Pennsylvania: Stackpole Books, 1972.

Hormachea, Marion & Carroll Hormachea (Ed.). Recreation in Modern Society. Boston: Holbrook Press, Inc., 1972. 387 pp.

Hunt, Valerie. Recreation for the Handicapped. Englewood Cliffs, New Jersey: Prentice-Hall, 1960.

Nesbitt, John A., Paul D. Brown & James F. Murphy. Recreation and Leisure Services for the Disadvantaged. Philadelphia: Lea and Febiger, 1970. 593 pp.

O'Morrow, Gerald S. Administration of Activity Therapy. Springfield, Illinois: Charles C. Thomas, 1966.

Rathbone, Josephine L. & Carol Lucas. Recreation in Total Rehabilitation. Springfield, Illinois: Charles C. Thomas, 1970.

Sessoms, Douglas & Thomas Stein. Recreation and Special Populations. Boston: Holbrook Press, Inc. 1973. 387 pp..

Mentally Retarded

Carlson, Bernice Wells & David R. Gingland. Recreation for Retarded Teenagers and Young Adults. Nashville, Tennessee: Abington Press, 1968. 316 pp.

Neal, Larry L. (Ed.). Recreation's Role in the Rehabilitation of the Mentally Retarded. Eugene: University of Oregon Rehabilitation and Training Center in Mental Retardation, 1970. 89 pp.

Physically Handicapped

Adams, Ronald C. et al. *Games, Sports and Exercises for the Physically Handicapped*. Philadelphia: Lea and Febiger, 1972 (paperback). 254 pp.

Pomeroy, Janet. *Recreation for the Physically Handicapped*. New York: Macmillan Company, 1964. 382 pp.

Visually - Auditorily Handicapped

Buell, Charles. *Physical Education and Recreation for the Visually Handicapped*. Washington, D.C.: American Association of Health, Physical Education and Recreation. 67 pp.

Case, Maurice. *Recreation for Blind Adults*. Springfield, Illinois: Charles C. Thomas, 1966.

Levine, Edna. *The Psychology of Deafness*. New York: Columbia University Press, 1968.

Hospital and Extended Care

Bortz, Edward. *Creative Aging*. New York: Macmillan Company, 1963

Kleemeier, Robert. *Aging and Leisure*. New York: Oxford University Press, 1961.

Merrill, Toni. *Activities for the Aged and Infirm, A Handbook for the Untrained Worker*. Springfield, Illinois: Charles C. Thomas, 1967.

Rusk, Howard. *Basic Concepts of Hospital Recreation*. Washington, D.C.: American Recreation Society, 1953.

Smith, Anne Marie. *Play for Convalescent Children*. New York: A. S. Barnes, 1961.

Art

Lindsay, Zaidee. *Art and the Handicapped Child*. New York: Van Nostrnad Reinhold. 140 pp.

Camping

Bogardus, Ls Donna. *Camping with Retarded Persons*. Nashville, Tennessee: Cokesburg, 1970.

Nesbitt, John A., Curtis C. Hansen, Barbara J. Bates & Larry L. Neal. *Training Needs and Strategies in Camping for the Handicapped*. Eugene: University of Oregon Center of Leisure Studies, 1972. 241 pp.

Swimming

Reynolds, Grace, (Ed.). A Swimming Program for the Handicapped. New York: Association Press, 1973. 104 pp.

General Materials on Program

Duran, Dorothy B. & Clement A. The New Encyclopedia of Successful Program Ideas. New York: Association Press, 1967. 511 pp.

Reader's Digest Book of 1,000 Family Games. Pleasantville: Reader's Digest Association, 1971. 448 pp. Section on Special Groups.

Physical Education Materials

The following materials are available from the American Association for Health, Physical Education, and Recreation:

"Best of Challenge." A compilation of the best articles from Challenge, AAHPER's newsletter. Designed as a basoc or supplementary text for college courses, and as a reference for workshops, clinics, seminars, institutes, classes, and similar in-service and pre-service programs. 1971. 224 pp. (245-25124) $2.50.

Guide for Programs in Recreation and Physical Education for the Mentally Retarded. 48 pp. (246-07972) $1.25.

Physical Activities for the Mentally Retarded (Ideas for Instruction). 137 pp. (245-07952) $2.00.

Practical Guide for Teaching the Mentally Retarded to Swim. 160 pp. (245-08078) $2.00.

Programming for the Mentally Retarded in Physical Education and Recreation. 144 pp. (245-07942) $3.00.

Recreation and Physical Activity for the Mentally Retarded. 96 pp. (246-07726) $2.00.

Resource Guide in Sex Education for the Mentally Retarded. 80 pp. (244-25134) $2.00.

"Special Olympics Instructional Manual - From Beginners to Champions." 144 pp. (245-25322) $2.00.

Directory of Professional Preparation in Parks, Recreation and Related Areas (including Therapeutic Recreation). 1973. 112 pp. (246-2544) $2.50

Direct orders to: AAHPER Publication-Sales
1201 16th Street, N.W.
Washington, D.C. 20036

Other Sources of Information

(ERIC)
Central Eric (Educational Resource Information Center)
National Institute of Education
Office of Research and Development Resources
Dissemination Task Force
Code 401
Washington, D.C. 20208

(SEIMC)
SEIMC (Special Education Instructional Materials Center)
1411 South Jefferson Davis Highway
Arlington, Virginia 22202

(CEC)
CEC (Council for Exceptional Children)
1920 Association Drive
Reston, Virginia 22091

There are many sources of information and assitance in recreation for handicapped children and youth. The services range from the provision of instructional materials to on-site field consultation. Readers are encouraged to contact local, state, and national sources of assistance.

University Programs

During 1973-74 nearly 40 institutions of higher education and one community agency have been funded by the U.S. Bureau of Education for the Handicapped to conduct special training programs in physical education and recreation for handicapped children and youth. These programs are working in direct cooperation with special education programs and local agencies such as recreation and park departments. Each program is unique in the type of assistance, materials, consultation, etc., that it may render. However, all of them provide field service of one kind or another. You are invited to get in touch with either the physical education or recreation department at the schools listed below to explore ways in which physical education curriculum and recreation programs may be developed.

Graduate Training Awards

California State College, Long Beach, Daniel D. Arnheim
California State University, San Jose, Lucille Charlotte
University of California, Berkeley, Paul D. Brown
University of California, Los Angeles, Jack F. Keogh
University of Northern Colorado, Terry Dixon
Southern Connecticut State College, Edith Debonis
University of Connecticut, Hollis F. Fait
George Washington University, James L. Breen
Florida State University, Frnaces Cannon
University of South Flordia, Louis Bowers
University of Georgia, Ernest L. Bundschuh*

Indiana State University, Tom Songster
Indiana University, Bloomington, Evlyn Davies
University of Iowa, John A. Nesbitt
University of Kansas, Joan L. Pyfer*
University of Kentucky, Dennis Vinton
University of Maryland, Jerry Fain
Michigan State University, James L. Bristor
University of Missouri, Columbia, Leon Johnson
New York University, Claudette Lefebvre
Appalachian State University, No. Carolina, Ernest K. Lange*
SUNY College at Brockport, Joseph P. Winnick
North Carolina Central University, Leroy T. Walker
University of North Carolina, Lee Meyer
Ohio State University, Walter F. Ersing
University of Oregon, Carolyn Surface
Pennsylvania State University, Dan Kennedy
Slippery Rock State College, David Auxter
George Peabody College, Cecil W. Morgan
Texas Comen's University, Claudine Sherrill
University of Texas, Austin, Jan C. Stoner
University of Utah, Joan Moran
University of Wisconsin, LaCrosse, Lane A. Goodwin

*Contact the Speical Education Department

Special Project Awards

NYSEA, PER In-service Planning, Dave Szysnanski
Jackson State College, Miss., TR Consortium with Southern Univ., and Grambling, Mel Evans, Clifford Seymour and C. D. Henry.
Project Aquatics, YMCA of Southwest Washington, Grace Reynolds
2 year Curriculum TR, University of Illinois, Jerry Kelley
Deaf-Blind Recreation, University of Iowa, Gordon Howard

Therapeutic Recreation

The National Therapeutic Recreation Society (NTRS) provides a number of services including field consultation, referrals for technical or professional assistance, and materials on therapeutic recreation service. For professional, technical, or program information and assitance, write:

David Park, Executive Secretary
National Therapuetic Recreation Society
National Recreation and Park Association
1601 North Kent Street
Arlington, Virginia 22209

Jerry Hitzhusen, Program Consultant
Therapeutic Recreation Service
National Therapeutic Recreation Society
National Recreation and Park Association
1601 North Kent Street
Arlington, Virginia 22209

Committee on Recreation and Leisure

The President's Committee on Employment of the Handicapped has established a (sub) Committee on Recreation and Leisure. The aims of the Committee on Recreation and Leisure are: (1) to promote employment opportunities for handicapped in recreation and leisure services, and (2) to promote recreation, leisure, and cultural participation.

The President's Committee encompasses a nationwide network of 1,500 Governors' and Mayors' Committees on Employment of the Handicapped. Thus, a dynamic advocate for the handicapped is presently working at the national, state, and local levels to promote increased involvement of the handicapped in recreation and leisure.

The following materials are available from the PCEH-CRL:

- Employment of the Handicapped in Recreation, Parks, Leisure and Cultural Services.
- Cultural Festival of the Handicapped (a step by step guide on the organizing of this community or county project).
- University Students Project Kit on Elimination of Architectural Barriers on College and University Campuses.
- PCEH-CRL Newsletter (describing innovations, demonstrations, and pilot programs in recreation and leisure for ill and handicapped; employment of handicapped in recreation and leisure; and, Federal support and projects in recreation for the ill and handicapped).
- Information on How to Organize a State Level (sub) Committee on Recreation and Leisure of a Governor's Committee on Employment of the Handicapped (based on a pilot project conducted in Massachusetts with the cooperation of the Governor's Committee and members of the State Professionals Society on Therapeutic Recreation Service).

Direct requests to:

Paul Hippolitus, Executive Secretary
(sub) Committee on Recreation and Leisure
U.S. President's Committee on Employment of the Handicapped
Washington, D.C. 20210

Voluntary Health Agencies

Most voluntary health agencies have some type of information or program in recreation for the handicapped. For example, local chapters of the National Easter Seal Society for Crippled Children and Adults offer some 70 summer residential camp programs. The Easter Seal national office publishes "The Easter Seal Directory of Resident Camps for Persons with Special Health Needs" which lists some 260 camps across the nation that serve every category of desease of disability. The American Foundation for the Blind, National Association for Retarded Children, United Cerebral Palsy as well as many other voluntary health agencies have published special materials, sponsored special committees, etc. You should contact the local chapters as well as write directly to the national voluntary health agencies serving the children and youth that you are working with. Explain recreation and leisure problems and needs, suggest solutions, and request materials and assistance that they can offer. The following are recommended as sources of information on recreation for the handicapped.

American Association on Mental Deficiency
5201 Connecticut Ave., N.W.
Washington, D.C. 20015

American Foundation for the Blind
15 West 16th Street
New York, New York 10011

American Heart Association
44 E. 23rd Street
New York, New York 10010

National Easter Seal Society for Crippled Children and Adults
2023 W. Ogden Avenue
Chicago, Illinois 60612

National Association for Retarded Citizens
2709 Avenue E. East
POB 6109
Arlington, Texas 76011

United Cerebral Palsy Association
66 E. 34th Street
New York, New York 10016

Youth Service Agencies

Youth agencies can provide assistance. Both the Boy Scouts of America and Girl Scouts of America are promoting the development of both integrated scouting as well as special troops for youngsters who are handicapped. For specific scout manuals related to special groups or other related information, contact your local scout executives or write:

Mr. Lucien H. Rice, Director
Scouting for Handicapped
Boy Scouts of America
North Brunswick, New Jersey 08902

Ms. Marian Barnett, Program Specialist
Scouting for the Handicapped
Girl Scouts of the U.S.A.
839 Third Avenue
New York, New York 10022

Sports for Disabled

For information on sports for the disabled, write to:

American Blind Bowling Association
Donald W. Franklin, Secretary-Treasurer
P.O. Box 306
Louisville, Kentucky 40201

American Junior Blind Bowling Association
Charles Buell
4244 Heather Road
Long Beach, California 90808

American Athletic Association for Deaf
Harry L. Baynes, President
P.O. Box 105
Talladega, Alabama 35160

National Amputation Foundation (Golf)
Sol Kaminsky, Secretary
12-45 150th Street
Whitestone, New York 11357

National Amputee Skiing Association
Jim Winthers, Executive Secretary
3738 Walnut Avenue
Carmichael, California 95608

National Track and Field Committee for the Visually Impaired
Charles Buell
4244 Heather Road
Long Beach, California 90808

National Wheelchair Athletic Association
40-24 62nd Street
Woodside, New York 11377

National Wheelchair Basketball Association
Rehabilitation-Education Center
Oak Street and Stadium Drive
University of Illinois
Champaign, Illinois 61820

Special Olympics, Inc.
John Spannuth, Executive Director
1701 K Street N.W.
Washington, D.C. 20006

United States Blind Golfers' Association
Robert G. Allman, Secretary
6338 Sherwood Road
Philadelphia, Pennsylvania 19151

World Games for the Deaf
Art Kruger
7530 Hampton Avenue, #303
Hollywood, California 90046

TRIC

The Therapeutic Recreation Information Center is a computerized literature and document storage and retrieval center for published and unpublished articles, books, conference proceedings, and related materials that have been abstracted and indexed into a complete computerized system. Under the direction of Dr. Fred Martin, these materials directly related to therapeutic recreation, make up the TRIC system (Therapeutic Recreation Information Center) established nearly six years ago through Columbia University. Dr. Martin has expanded the resource network through generous support from the Canadian government at the University of Waterloo. The data base is primarily related to a systematic search of literature from 1965 on. TRIC information is available to "qualified agencies and people in all countries in support of the humanitarian services of therapeutic recreation working through out the world." Queries to the TRIC base are accepted from educators, professionals, and students seeking information concerned with therapeutic information.

The information necessary for a TRIC inquiry is the same as that requested by IRUC explained below.

Information from AAHPER

The Unit on Programs for the Handicapped of the American Association for Health, Physical Education and Recreation currently has two services of importance to special educators. First, they have available a number of outstanding publications on general physical education and physical education for handicapped children and youth. (See the listing, Physical Education Materials.) Second, the AAHPER Unit on Programs for the Handicapped has received a large grant from the U.S. Bureau of Education for the Handicapped for the purpose of providing assistance to special education teachers, adapted physical educators, recreation leaders, volunteers, aides, students, and parents. The grant is called "IRUC" (Information and Research Utilization Center in Physical Education and Recreation for the Handicapped). IRUC has a vast mailing list to regional dissemination units (i.e., SEIMC, national and regional libraries, ERIC Network, etc.) and their materials should be near at hand. While the project does not serve individual requests, it does encourage correspondence which can direct you to the local unit/agency handling that information. Type of material includes:

- Resource lists of outstanding programs or observation sites.
- Resource lists of personnel who may serve as speakers, consultants, or demonstrators.
- Summaries, abstracts, articles, and other materials.
- Presentations and demonstrations by IRUC staff at conferences and workshops.
- Resource contacts such as referrals to data retrieval systems and materials centers.

Using IRUC and/or TRIC

Any individual requesting assistance, information, materials, and so on from IRUC or TRIC should include in the letter of request the information outlined in Figure 1.

Figure 1
IRUC and/or TRIC

1. Job position you hold
2. School/Organization
3. Information you would like to receive (please be as specific as possible.
4. Type of information (example: a resource list)
5. Program participants: Chronological age range
6. Program participants: Mental age range
7. Handicapping condition of participants
8. Program area
9. How you plan to use information
10. Other information you need

Be sure to provide your name, return address and telephone number.

Send your request to:

Julian Stein, Director
IRUC for PER for Handicapped Children
c/o AAHPER
1201 16th Street, N.W.
Washington, D.C. 20036

Dr. Fred W. Martin, Director
TRIC - Therapeutic Recreation
Information Center
Department of Recreation and Park
Management
University of Oregon
1607 Agate Street
Eugene, Oregon 97403

Religious and Social Agencies

Increasingly, local religious and social agencies are seeking means of involving handicapped children and youth in their programs and activities. One of the nation's foremost programs in swimming for the handicapped is offered by the YMCA of Southwest Washington at Longview. For information on this program write:

Mrs. Grace Reynolds
Director of Special Services
YMCA of Southwest Washington at Longview
P.O. Box 1012
Longview, Washington 98632

To obtain information on national and local programs sponsored by YMCA and YWCA, contact your local organizations as well as:

Mr. Lloyd C. Arnold, National Director
Health and Physical Education
National Council of YMCA's
291 Broadway
New York, New York 10007

Ms. Gladys L. Brown
National Board of the YWCA
600 Lexington Avenue
New York, New York 10022

APPENDICES

A. Institute Personnel

1. Project and Support Staff
2. Participants
3. Local Advisory Committee
4. National Advisory Committee
5. Therapeutic Recreation Advisory Committee

B. Institute Materials and Instruments

1. Institute Work Schedule
2. Guidelines for Position Papers
3. Evaluation

A. Institute Personnel

Project Staff

Institute Director------------------------------Dr. John A. Nesbitt

Institute Coordinator---------------------------Mr. Gordon K. Howard

Institute Secretariat

Support Services--------------------------------Ms. Leslie Sheaffer
Ms. Ellen Mihalovich

Support Staff

Special Consultant------------------------------Dr. Gene A. Hayes

Recreation Evaluation and Research--------------Dr. David Compton

Recreation Program------------------------------Ms. Carole Hanson

Recreation Advocacy-----------------------------Mr. Chris Edginton

Institute Evaluation----------------------------Dr. William Kummer

Recreation Activity-----------------------------Mr. Charles Dougherty

Project Intern----------------------------------Ms. Twyla Misselhorn

Student Project---------------------------------Mr. Tom O'Connor

Plenary and Educational Session Coordinators*

Mr. Bill Touchstone

Mr. Ron Vederman

Ms. Piji White

Ms. Teresa Northey

Mr. Rex Bowen

Ms. Sarah Davis

Ms. Margy Trotter

Mr. Tom Davis

Ms. Kathy Kamin

*These Graduate Students in the Graduate Program in Recreation Education at the Universtiy of Iowa are all recipients of Bureau of Education for Handicapped Children Graduate Assistantships. Each of them were at the time of the Institute, pursuing studies in therapeutic recreation service for handicapped children.

Institute Participants

Richard L. Austin, M.S.
Assistant Professor of Landscape Architecture
Department of Landscape Architecture
Kansas State University
Seaton Hall
Manhattan, Kansas 66506

Mr. Austin's primary experience is in the field of Recreation Facility Design. He is now teaching Professional Design courses for Landscape Architecture, at Kansas State University at Manhattan, Kansas. Mr. Austin is interested in on-site consultation for development of recreation facilities for multi-handicapped persons.

Mr. Louis J. Bettica, M.S.W.
Assistant Director
National Center for Deaf-Blind Youths and Adults
105 Fifth Avenue
New Hyde Park, New York 11040

Mr. Bettica has been serving the Deaf-Blind since 1947. He has worked in many areas, including recreation, rehabilitation, social work, etc. At the present time Mr. Bettica is Assistant Director of services to the Deaf-Blind adults at the National Center for Deaf-Blind Youths and Adults. Mr. Bettica is interested in working with the Deaf-Blind in recreational areas such as: games, fishing, bowling, tours, etc.

Dr. Steve A. Brannan
Associate Professor of Education/Program Director in Mental Retardation
Portland State University
P.O. Box 751
Portland, Oregon 97207

Dr. Brannan is an instructor of teachers dealing with multiple handicapped children in the Portland, Oregon area. He has supervised a practicum for student trainees, and coordinates Outdoor Education/Recreation Program for the Handicapped. Dr. Brannan has worked directly with an Outdoor residential camp for children and youth with varying disabilities. This has developed into a year round program serving many handicapped individuals in the Portland metropolitan area.

Mr. Jerome D. Brown, M.A.
Consultant, Hearing Conservation Services
Division of Special Education
Department of Public Instruction
Grimes State Office Building
Des Moines, Iowa 50319

Mr. Brown has served on the State Advisory Committee in diagnostic and direct service to hearing impaired children and administration. His current role is Consultant for a broad range of program development in hearing conservation, administration, funding, etc.

Ms. Shirley Bushell, M.S.
Insturctor
Department of Recreation and Parks
University of Wisconsin - La Crosse
La Crosse, Wisconsin 54601

Ms. Bushell is an instructor in therapeutic recreation at the University of Wisconsin for the Department of Recreation and Parks.

Mr. Gary Cannon, B.S.
Director, S.E. Regional Summer and Extension Training Program
Mississippi Deaf-Blind Department
Ellisville State School
Ellisville, Mississippi

Mr. Cannon has been a teacher of deaf-blind for two years, a Visual Evaluator, participated in the Mississippi Deaf-Blind team, and was a parent educator. His current role is Coordinator of the Summer Intensive Training Program. Mr. Cannon has organized various summer camp program activities, swimming, camping, etc. He also evaluates and refers deaf-blind people to various agencies in Mississippi.

Mr. Malcolm M. Chamberlain, M.S.
Director of Recreation
Woodward State Hospital-School
State of Iowa - Dept. of Social Services
Woodward, Iowa 50276

Mr. Chamberlain is Director of Recreation at the Woodward State Hospital-School at Woodward, Iowa. He currently coordinates the deaf-blind program unit in its involvement with the Recreation Department in such activity areas as bowling, dances, movies, swimming

Dr. David M. Compton
Recreation Education Program
University of Iowa
Iowa City, Iowa 52240

Dr. Compton is a member of the Recreation for Deaf-Blind Project staff. He teaches therapeutic recreation courses which prepare students for therapeutic recreation service positions. He also serves as coordinator of Internship for the Recreation Education Program. He is active in local, state, and federal level professional recreation organizations.

Dr. Paul D. Cotten
Director; Coordinator
Mississippi Deaf-Blind Program
Ellisville State School
Ellisville, Mississippi

Dr. Cotten has had experiences as an administrator, teacher, and member of evaluation teams serving deaf-blind individuals. He is currently Director and Coordinator of the deaf-blind program at the Ellisville State School at Ellisville, Mississippi, and serves as a part-time faculty member in Therapeutic Recreation at the University of Southern Mississippi. Dr. Cotten is currently involved in the provision of recreation programs for deaf-blind in residential facilities for mentally retarded, the South East Regional Camping program for Deaf-Blind, and will be offering Visual Recreation programs for blind-multi-handicapped, which will include a program of personal and social adjustment.

Mr. Charles Dougherty, M.A., M.S.
Parks and Recreation Department
151 W. Mission Street
San Jose, California 95110

Mr. Dougherty was formerly Project Director for the BEH Training Grant in Therapeutic Recreation at the University of Iowa and now is Director of Therapeutic Recreation for the City of San Jose Park and Recreation Department, San Jose, California.

Mr. Ernest Drapela, M.S.
Instructor-University of Oregon and Assistant Director Parks & Recreation Department
777 Pearl St., Suite 105
Eugene, Oregon 97401

Mr. Drapela is an Instructor at the University of Oregon and is involved in teaching courses dealing with service to deaf-blind and is involved with the administration of public recreation agencies with a strong specialized recreation program. Mr. Drapela is interested in research in program areas and the coordination of resources for Deaf-Blind in the state of Oregon.

Mr. Christopher R. Edginton, M.A.
Recreation Education Program
University of Iowa
Iowa City, Iowa 52242

Mr. Edginton is an Instructor on the faculty of the Recreation Education Program at the University of Iowa and is an active member of local and state organizations dealing with recreation and recreation services. He serves on the Project Staff for Recreation for Deaf-Blind at the University of Iowa.

Mr. Jack English
Coordinator, South Central Regional Center for Services to Deaf-Blind Children
1966 Inwood Road
Dallas, Texas 75235

Mr. English serves as coordinator of services to Deaf-Blind children in the South Central Region. He has also worked with professional workers with the deaf-blind and parents of Deaf-Blind children in the four state Southern Area.

Dr. Hollis Fait
Professor, Physical Education
University of Connecticut
U-110
University of Connecticut
Storrs, Connecticut 06268

Dr. Fait is the Project Director for a training grant for physical education for the handicapped at The University of Connecticut. He has trained teachers for the handicapped as Recreation Directors for the Deaf. He is interested in training physical education teachers for deaf-blind and in developing curricula for teacher training.

Ms. Janet M. Floyd, M.A.
Orientation and Mobility Specialist
South Metropolitan Association
250 W. Sibley Blvd.
Dolton, P.O. Harvey, Illinois 60426

Ms. Floyd has worked with a wide age range of clients including deaf-blind. She is currently orientation and mobility specialist at the South Metropolitan Association.

Mr. Ronald K. Gascko, M.S.
Recreation Director
Indiana School for the Blind
7725 North College
Indianapolis, Indiana 46220

Mr. Gascko directs recreation activities at the School for the Blind, working with high functioning impaired children and is currently developing means for greater programs and activities for all clients served by his agency. Swimming, skating, and trampoline are a few of the activities he involves his clients in.

Ms. Carole J. Hanson, M.A.
Instructor, Recreation Education Program
The University of Iowa
W610, East Hall
Iowa City, Iowa 52242

Ms. Hanson is an Instructor at the Recreation Education Program at The University of Iowa and has taught in areas of Recreation Program. She has served as a member of the Project Staff for the Recreation for Deaf-Blind Special Project and as such has made several site visitations to deaf-blind programs and assisted in the program development area of the Project.

Mr. James H. Hanson, M.A.
Supervisor, Services to Deaf and Hard of Hearing
Rehabilitation Education and Services Branch
Department of Public Instruction
801 Bankers Trust Building
Des Moines, Iowa 50309

Mr. Hanson is primarily interested in the provision of direct rehabilitation services to small numbers of clients. Mr. Hanson is currently the Supervisor of Services in the State Vocational Rehabilitation Program. He is interested in the provision of consultative expertise and service to the deaf, its impact on the individual and in communication systems for the deaf.

Dr. Gene A. Hayes
California State University, Fresno
Dept. of Physical Education and Recreation
Fresno, California 93710

Dr. Hayes has been active in therapeutic recreation service for a number of years. He has worked in direct program services and in education. He currently teaches therapeutic recreation at California State University (Fresno) and serves as consultant to the National Institute on Program Development and Training in Recreation for Deaf-Blind Children, Youth and Adults.

Mrs. Lillian Helgason
Consumer, State of Minnesota Committee Chairwoman
Centers and Services for Deaf-Blind Children
1803 Alta Vista Dr.
St. Paul, Minnesota 55113

Mrs. Helgason is a parents of a deaf-blind daughter and has spent twenty one years in involvement with the problems and rewards of the deaf-blind. She is currently the Chairwoman for Centers and Services for Deaf-Blind Children in the State of Minnesota. She has helped organize local school district swim programs for the deaf-blind children. Mrs. Helgason is interested in programs for the growth of the deaf-blind child, including spiritual, recreational, and emotional areas.

Mr. William A. Hillman, Jr., M.S., F.A.A.M.D., M.T.R.S.
Coordinator, Unit on Physical Education and Recreation
Bureau of Education for the Handicapped
Office of Education
U.S. Department of Health, Education, and Welfare
7th and D Street S.E.
Washington, D.C. 20202

Mr. Hillman has worked as a corrective therapist, V.A. Hospital; administrator of therapeutic recreation projects, Woodbine State School, New Jersey, and has taught at various universities. He has served as a consulting psychologist and is currently Administrator of Federal Programs. He serves as Project Officer for the National Institute on Program Development and Training in Recreation for Deaf-Blind Children, Youth, and Adults.

Mr. Gerald L. Hitzhusen, M.S.
Therapeutic Recreation Consultant-Technical Assistance Specialist
National Recreation and Park Association
1601 North Kent Street
Arlington, Virginia 22209

Mr. Hitzhusen is currently the Consultant to Therapeutic Recreation Programs, including Deaf-Blind programs and is a Technical Assistance Specialist. He is also a resource and activity specialist. Mr. Hitzhusen works with the provision of information on literature, research, and organizations who work with deaf-blind, the identification of professionals working with deaf-blind in the field and audio-visual resources. Mr. Hitzhusen works with on-site consultation, organization of services, and references to funding agencies.

Mr. Joel R. Hoff, M.S.
Coordinator of Services for Deaf-Blind Children
Florida School for the Deaf and the Blind
Box 1209
St. Augustine, Florida 32084

Mr. Hoff is the head of the Department for Deaf-Blind Children and the head of Teacher preparation at Perkins School For the Blind, Watertown, Mass. Mr. Hoff seeks out and negotiates for services (education, summer recreation, etc.) for children with severe visual and auditory impairments.

Mr. Gordon K. Howard, M.A.
Recreation Education Program
The University of Iowa
Iowa City, Iowa 52242

Mr. Howard is the Principle Investigator and Coordinator of the National Institute on Program Development and Training in Recreation for Deaf-Blind CHildren, Youth and Adults, at The University of Iowa. He has worked in therapeutic recreation services in the State of Iowa for a number of years and has served on local and state organizations concerned with service to special populations.

Mr. Robert Jay Howell, M.A.
Program Specialist
East San Gabriel Valley School for Multi-Handicapped Children
Los Angeles County Schools
360 W. Mauna Loa Avenue
Glendora, California 91740

Mr. Howell is a teacher of deaf-blind multi-handicapped children, supervisor of instructional programs for deaf-blind, and is camping director for the Deaf-Blind camp program. He has participated in camping and summer recreational program for deaf-blind and has been involved in the Special Olympics for the Multi-Handicapped in California.

Dr. Fred Humphrey
115 Pearson Hall
Temple University
Braod and Montgomery Streets
Philadelphia, Pennsylvania 19122

Dr. Humphrey has been in the field of education in recreation for a number of years. He has been instrumental in the development of recreation for special populations and has been active in state and national organizations dealing with recreation and leisure service to all populations.

Dr. W.W. Keenan
Regional Coordinator, Deaf-Blind Centers and Services
Minnesota Department of Welfare
Centennial Building
St. Paul, Minnesota 55155

Dr. Keenan is the coordinator of a five state Deaf-Blind Region. He works with the swimming and music programs for the Deaf-Blind. He has provided consultations and guidance in grant applications and program development for deaf-blind agencies and service centers.

Dr. William G. Kummer
Recreation Education Program
The University of Iowa
Iowa City, Iowa 52242

Dr. Kummer is on the faculty of the Recreation Education Program at The University of Iowa. He has been in education for several years and has served on many local and state professional organizations concerned with recreation. He coordinated the Evaluation segment of the National Institute on Program Development and Training in Recreation for Deaf-Blind Children, Youth, and Adults.

Mr. Herbert Lange, M.A.
Program Coordinator, Bureau of Mental Retardation Services
Iowa Department of Social Services
6th Floor, Lucas Bldg.
Des Moines, Iowa 50319

Mr. Lange works with the State of Iowa Mental Retardation Services as a Program Administrator and Coordinator. He is involved with program development and centers in Iowa which provide service to the mentally retarded and other disability areas within the Iowa Department of Social Services.

Ms. Mary Ann Meyer
Recreation Activities Coordinator
Student Services
Iowa Braille and Sight Saving School
1002 G. Avenue
Vinton, Iowa 52349

Ms. Meyer works with integrating Deaf-Blind youngsters into regular programs for vision impaired children at the Iowa Braille and Sight Saving School, Vinton, Iowa. She has worked with programming, supervising, leading and counseling the visually impaired. Ms. Meyer also supervises the recreation staff and help plan their tasks in carrying out recreation programs. These include: swimming, sponge painting, motor activities, outdoor play, trips, puppetry and camping. She is interested in on-site consultation, publications, funding from public groups, etc.

Mr. Thomas R. Miller, B.A.
Pre-Vocational Workshop
Deaf-Blind Program
New York Institue for the Education of the Blind
999 Pelham Parkway
Bronx, New York 10469

Mr. Miller is a teacher for Rubella children and assistant teacher for pre-primary and primary grade level children. He presently is an assistant teacher in the Pre-Vocational Evaluation Workshop and Work-Study Program at the New York Institute. Mr. Miller works with sporting activities such as: basketball, soccer, modified softball, and weekly parties for deaf-blind adolescents in the workshop.

Mr. Mike A. Nadler, M.A.
Rehabilitation Consultant
Governors Committee on Employment of the Handicapped
Grimes State Office Building
Des Moines, Iowa 50319

Mr. Nadler assists in planning programs in the State of Iowa by which communities may enhance the understanding and awareness of problems the handicapped face: architectural, social, economical, etc.

Dr. John A. Nesbitt
Chairman, Recreation Education Program
The University of Iowa
Iowa City, Iowa 52242

Dr. Nesbitt started working in rehabilitation and recreation in 1957 and since then he has been involved in therapeutic recreation service program leadership, administration, training and research. He has worked with rehabilitation personnel and agencies in various states in the development of recreation opportunity and service for multiply-handicapped and deaf-blind. He is the former president of the National Therapeutic Recreation Society and is project director for the U.S. Office of Education/Bureau of Education for the Handicapped supported Recreation Services for Deaf-Blind Project.

Mr. Kent R. Pipes, Master of Divinity
Recreation Worker
Chicago Lighthouse for the Blind
1850 W. Roosevelt Road
Chicago, Illinois 60608

Mr. Pipes works with the blind community in the Chicago areas. In his involvement at the Lighthouse he has contact with some multi-handicapped and assists in many program areas which serve many populations.

Ms. Vera H. Schiller
Western Region Representative
National Center for Deaf-Blind Youth and Adults
102 N. Brand Blvd.
Glendale, California 91203

Ms. Schiller has a varied background in Social Services in an agency which serves the blind and deaf-blind, especially at the Industrial Home for the Blind. She serves as a liasion with rehabilitation agencies and programs which can be encouraged to serve the deaf-blind youths and adults. Community education concerning the special needs and problems of the deaf-blind is a high priority program area she is concerned with. Ms. Schiller would like to share any and all information on the Deaf-Blind programs around the country which may help improve other agencies as well as their own.

Dr. Clifford T. Seymour
Chairperson, Department of Leisure and Recreation Services
Division of H.P.E.R.
Southern University
S.O.B. P.O. Box 9752
Baton Rouge, Louisiana 70813

Dr. Seymour assists State schools for the Deaf and Blind in developing programs in Louisiana. He also acts as consultant and field work supervisor in conjunction with Southern University in the area.

Dr. Claudine Sherrill
Professor and BEH Project Director
Physical Education and Recreation for the Handicapped
Texas Woman's University
Denton, Texas 76204

Dr. Sherrill works with teacher preparation and training and direct services and has administrative responsibilities in physical education and recreation for handicapped. She supervises practicum experiences of students at T.W.U. and is involved in the creation of instructional materials. She is currently interested in program planning and implementation in physical education and recreation; parent counseling, and the organization of family recreation.

Mr. Lilchandra Sookram, B.Sc.
Recreation
D/B program: Meyers Clinic for the Rehabilitation of Retarded Children
Beatrice State Home
Lincoln Street
Beatrice, Nebraska 68310

Mr. Sookram works directly with Deaf-Blind children and adolescents in planning activities that are goal oriented towards normalization, working with eye-hand coordination, outdoor skills (running, jumping, climbing, etc.) He is currently involved in planning and directing activities for deaf-blind children and adolescents in classroom situations and on playgrounds.

Mr. Jack R. Sweetser, M.A.
Regional Coordinator
Northwest Regional Center for Deaf-Blind Children
Department of Social and Health Services - State of Washington
3411 South Alaska
Seattle, Washington 98118

Mr. Sweetser is the Regional Coordinator for Educational Programs and services for Deaf-Blind Children in the states of Alaska, Idaho, Washington, Oregon, and Montana. He has had expertise in Regional Camping Programs for the Deaf-Blind and Summer School programs for deaf-blind which included recreational experiences.

Ms. Elaine Szymoniak, B.S.
Consultant - Speech and Hearing
Rehabilitation, Education and Service Branch
Iowa Department of Public Instruction
1029 Des Moines Street
Des Moines, Iowa 50316

Ms. Szymoniak works primarily with the provision of vacational rehabilitation services for adult deaf in Iowa. She has extensive background in communication methods for deaf and with aids and hearing devices.

Ms. Jan Thomas, B.S.
Motor Specialist
Deaf-Blind Department
Colorado School for the Deaf-Blind
Kiowa and Institute Streets
Colorado Springs, Colorado 80903

Ms. Thomas works directly with children ages 5-13 as a Motor Skills Specialist. She has 16 young people that she works with on balance, eye foot coordination, body image activities, tumbling activities, aquatics, and rhythm activities. Ms. Thomas also works with an after-school and weekend recreation activities program at the school. She is interested in on-site consultation and programming in motor skills and development for the deaf-blind.

Ms. Mary Joanne Thompson, B.A.
Institutional Teacher
Woodward State Hospital School
Woodward, Iowa 50276

Ms. Thompson is a teacher of Mentally Retarded Deaf-Blind for the Woodward State Hospital School. Some of the activities she is involved in are: music, dance, fine and gross motor skills, group games using outdoor equipment and developing normalized activities, including around the home duties: baking, cleaning, etc.

Mr. Louis M. Tutt, M.A.
Special Educator - Motor Skills Consultant
Michigan School for the Blind
715 W. Willow
Lansing, Michigan 48906

Mr. Tutt is a teacher consultant in the motor skills area. He is interested in the programming aspects of the school situation, such as: curriculm in physical education, assessment and evaluation of motor skills programs in schools and institutions.

Mr. Charles C. Woodcock, M.A.
Superintendent
Iowa Braille and Sight Saving School
Iowa Board of Regents
1002 G. Avenue
Vinton, Iowa 52349

Mr. Woodcock has had twenty years of experience in teaching and administration of programs for the blind. He is currently Superintendent of the Iowa Braille and Sight Saving School at Vinton, Iowa. The emphasis of the programs he has administered are highly oriented toward the multi-impaired individual including the blind and deaf-blind.

Ms. Vicki Wright, B.S.
Recreation Therapist
Progress Center, Inc.
839 - 15th Avenue
Longview, Washington 98632

Ms. Wright is a recreation therapist working with multi-handicapped preschool children. She is involved with program areas such as motor skill development and play activities,(structured and unstructured) rhyth, music, and dance. She provides consultation in many of the areas of recreation programming and activities for impaired children.

Local Advisory Committee

Dr. Gene Asprey
Men's PE. Dept.
Field House - U of Iowa
Iowa City, Iowa 52242

Dr. Carl Betts, Director
State Services for Crippled
Children, U Hospital School
Iowa City, Iowa 52242

Mr. Jerry Brown, Consultant
Div. of Special Education
Grimes State Office Bldg.
Des Moines, Iowa 50319

Mr. Malcolm Chamberlain
Director of Recreation
Woodward State Hospital
Woodward, Iowa 50276

Mr. Travis Cleveland
Director of Recreation
Mental Health Institute
Independence, Iowa 50644

Dr. Margaret Fox
Women's Physical Education
Women's Gymnasium, U of Iowa
Iowa City, Iowa 52242

Mrs. Phyllis Harper
420 N. 16th St.
Keokuk, Iowa 52632

Dr. Charles Hayes
39A Hospital School
The University of Iowa
Iowa City, Iowa 52242

Mr. William Keenan
Minnesota State Dept.
of Public Welfare, Centennial
St. Paul, Minnesota 55101

Mr. Herbert Lange
Bureau of Mental Retardation
Lucas State Office Building
Des Moines, Iowa 50319

Mr. Orrin H. Marx
Hospital School
The University of Iowa
Iowa City, Iowa 52242

Mrs. Mary Meyers
Director of Recreation
School for the Blind
Vinton, Iowa 52349

Mr. Ralph Rieks
Director of Recreation
Psychopathic Hospital
Iowa City, Iowa 52242

Mr. Edward Rosenhauer
2407 Pleasant St.
West Des Moines, Iowa 50265

Dr. Jerry Solomons
43B Hospital School
The University of Iowa
Iowa City, Iowa 52242

Mr. Janet Tarbell, Consultant
College of Education
Drake University
Des Moines, Iowa 50311

Mr. John N. Taylor, Asst. Dir.
Commission for the Blind
4th and Keosauqua Way
Des Moines, Iowa 50309

Mr. Charles Woodcock, Supt.
Iowa Braille and Sight
Saving School
Vinton, Iowa 52349

National Advisory Committee

Ad Hoc Members

Mr. Robert Dantona
Coordinator, Centers and Services
for Deaf-Blind Children
U.S. Office of Education, HEW
7th and D Streets, S.W. 2036
Washington, D.C. 20201

Mr. William A. Hillman
Unit on Physical Education and
Recreation
Bureau of Education for the
Handicapped
7th and D Streets, S.W.
Washington, D.C. 20201

Regular Members

Mrs. Elaine Szymoniak
1029 Des Moines St.
Des Moines, Iowa 50316

Dr. Jean Tague
Dept. of Recreation
Darby Annex 106
California State University
at Northridge, 18111
Nordhoff Street
Northridge, California 91324

Dr. Leon Johnson
Teacher Training Program for
the Handicapped
University of Missouri
Columbia, Missouri 65201

Dr. Ernie Lange
Division of Human Resources
Appalachian State University
Boone, North Carolina 28608

Mr. William Keenan
Coordinator, Central Regional Center
for Services to Deaf-Blind Children
Dept. of Public Welfare, Centennial
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B. Institute Materials and Instruments

1. Institute Work Schedule

National Institute On Program
Development And Training In
Recreation For Deaf-Blind Youth,
Children And Adults (USOE-BEH)

The University of Iowa
Recreation Education Program
April 29, 30-May 1

The Center for Conferences
and Institutes
Iowa Memorial Union

Monday, April 29

8:30-9:00	Registration	Illinois Room
9:00-10:30	Opening Session	Illinois Room
10:30-11:00	Coffee	
11:00-12:00	The Current Status of Recreation Serivce for Children, Youth and Adults who are Deaf-Blind	Illinois Room
12:00-1:00	Lunch	
1:00-2:30	Recreation Activity Educational Sesssions	
	Aquatics/Swimming	Kirkwood Room
	Arts & Crafts	Purdue Room
	Physical Activities Sessions #1	Miller Room
2:30-3:00	Break	
3:00-4:30	Recreation Activity Educational Sessions	
	Camping/Outdoor Recreation	Purdue Room
	Mental, Literary and Hobbies	Grant Wood Room
	Physical Activities Session #2	Miller Room
5:00-7:00	Dinner	
7:00-9:00	Work Groups	
	Administration of Recreation Programs	Kirkwood Room
	Coordinating the Development of Recreational Services within the Framework of current State and Federal Programs	Miller Room
	Purchase of Recreation Services	Grant Wood Room
	Research in Recreation for Deaf-Blind	Purdue Room

Tuesday, April 30

9:00-10:30	Evaluational Student Development and other aspects of Program and Service Effectiveness	Lucas Dodge Room
	Three Study Groups to follow presentations	
10:30-11:00	Coffee	
11:00-12:00	Recreation Activity Educational Sessions	
	Rhythm, Music and Dance	Kirkwood Room
	Sports	Hoover Room
	Play and Recreation (Non-Structured)	Grant Wood Room
12:00-1:00	Lunch	
1:00-2:30	Work Groups	
	Curriculum in Leisure Education for Deaf-Blind, K-12 and Curriculum in Physical Education for Deaf-Blind	Grant Wood Room
	Recreation's Contribution to Rehabilitation and Education of the Deaf-Blind	Kirkwood Room
	Students in Recreation for Deaf-Blind	Lucas Dodge Room
	Recreation Facilities, Areas, Equipment and Materials	Hoover Room
	Special Problems	Miller Room
2:30-3:00	Break	
3:00-4:30	Advocacy for Recreation Service	Lucas Dodge Room

Wednesday, May 1

9:00-10:30	Recreation Program Different Perspectives and the Process of Development	Illinois Room
10:30-11:00	Break	
11:00-12:00	Recreation Activity Educational Sessions	
	Social Recreation	Grant Wood Room
	Physical Activities Session #3	Miller Room
	Deaf-Blind at Leisure	Kirkwood Room
12:00-1:00	Lunch	
1:00-2:30	Closing Session	Illinois Room

2. A Guideline Instrument for Developing a Position Statement

TO: Institute Participants

You are about to embark on an important exercise.

The process which follows has been identified by many descriptors -- evaluation; model building; Delphi techniques, etc. Actually it is a means of bringing about the setting down in print the best thinking or our diverse group of participants, focusing on recreation for the person who is deaf-blind.

Working on the principle of freedom within structure, we have developed a basic skeleton of the areas that must be included in a position statement (one of the projected outcomes of this Institute). You are encouraged to develop statements in priority order under each of the areas listed below.

I. Rationale

A. Rights - List in rank order the basic human and civil rights related to recreation, social participation, cultural participation or leisure that people who are deaf-blind should have.

B. Normalization - List in rank order, the primary normal recreational, park, cultural and leisure activities denied to deaf-blind that should be a part of their 'normal life cycle.'

C. Contribution to Rehabilitation - List in rank order the primary contributions to special education, rehabilitation, adjustment, etc. made through the provision of recreation opportunity and participation by people who are deaf-blind.

D. Therapeutic Recreation - List the specific 'therapeutic' benefits achieved through recreation. (The provision of therapeutic recreation service on an indidividualized, diagnostic basis.)

II. Needs/Benefits

List the major needs for and benefits received from recreation participation by people who are deaf-blind for the following chronological age-groups. (Omit age-groups about which you have no information.)

A. 0-12 years

B. 12-25 years

C. 25-30 years

D. 50 years and up

III. Sites/Settings

List in rank order the major problems to be overcome, needs to be met, or goals to be sought in providing recreation for deaf-blind in the following settings. (Omit settings about which you have no information.)

A. State School for the Blind

B. State School for the Deaf

C. State School for Deaf and Blind

D. State School for Mentally Retarded

E. Public School

F. Sheltered Workshop

G. Social Service Agency

H. Regional Diagnostic Center

I. Other: Specific

IV. General Development

In order to advance the overall provision of recreation for deaf-blind, i.e. recreation activities, organization of recreation programs, administration of recreation, research and training in recreation for deaf-blind, and so on, those actions that you consider necessary or barriers that must be overcome.

V. Advocacy

In rank order, list advocacy activities that will serve to develop recreation services, programs and opportunities for people who are deaf-blind.

A. Advocacy by Professional Rehabilitation Personnel

B. Advocacy by Parents and Lay Citizens

C. Advocacy by Recreation Personnel

VI. Administrative Obstacles and Goals

List in rank order the following, the major administrative obstacles to be overcome of goals to be pursued in initiating, improving and expanding recreation programs and services for people who are deaf-blind.

VII. Training Needs for Rehabilitation Personnel

In rank order, list the specific needs in training and preparation of personnel working with people who are deaf-blind to enhance their ability to provide recreation opportunity for people who are deaf-blind.

VIII. Training Needs for Recreation Personnel

In rank order, list the specific training and preparation needs of recreation personnel to provide programs for people who are deaf-blind.

IX. Research

List in rank order of importance the deficits in knowledge and insight that should be investigated or studied through research.

X. Demonstration

List in rank order the specific demonstration projects that should be conducted relative to recreation programs, activities and services for people who are deaf-blind.

3. Evaluation of the Institute

Institute participants were asked to complete an evaluation form on the Institute. The general categories were evaluated and reported as follows:

General Institute Objectives

This section utilized the following rating scale

1	2	3	4	5
minimal or not at all		average or half & half		maximal or very much so

Table I

N = 20 *

I. Evaluation of the Institute Plan

A. To bring together rehabilitation and recreation workers from throughout the United States concerned with recreation programs and services for deaf-blind for the purpose of sharing experience, studying problems and developing guidelines for the provision of recreation programs and services for deaf-blind.

Range 2-5

% responding to rating

1	2	3	4	5
0%	5%	10%	35%	50%

B. To provide a means hereby rehabilitation and recreation workers might formulate broad nationally applicable philosophical guidelines for the development of recreation opportunity for epeople who are deaf-blind throughout the United States.

Range 2-5

1	2	3	4	5
0%	5%	10%	55%	30%

C. To provide a means for rehabilitation and recreation workers to contribute to the development of basic instructional guide and reference materials on the organization, administration and face-to-face provision of recreation programs and services for deaf-blind for use at local deaf-blind program sites throughout the United States.

Range 2-5

1	2	3	4	5
0%	5%	25%	45%	25%

D. To lay plans for a nationwide training and advocacy effort designed to enhance the quality and quantity of recreation programs and opportunity available to the people who are deaf-blind.

Range 3-5

1	2	3	4	5
0%	0%	30%	50%	20%

* This represents those invited participants that responded.

E. To provide a means whereby rehabilitation and recreation workers concerned about the initiation, expansion and improvement of recreation opportunity for people who are deaf-blind may identify needs in the maount of local programs and services provided, needs for training, beyond the national training effort being planned, needs for research and demonstration, e.g., (diagnotic and individualized services, community based serves, use of recreation for rehabilitation, etc.), and needs for further study and assistance in areas such as leisure education, physical activity, career education.

Range 2 -5

1	2	3	4	5
0%	5%	10%	70%	15%

II. Evaluation of Plenary and Education Sessions

Relative to each of the following sessions, make composite single score rating which reflects your overall evaluation of the appropriateness and effectiveness of the session in terms of:

* Achievement of session's general objectives.
* Teaching materials and methods of presentation.
* Achievement of your individual goals in attending the session.

The following scale was utilized in the evaluation.

0 - Did Not Attend
1 - Quite unsatisfactory
2 - Unsatisfactory
3 - Satisfactory
4 - Quite Satisfactory
5 - Highly Satisfactory

(Note) Not all totals reflect 20 as all participants did not respond to all categories.

Table II

Plenary Sessions	N Responding by category					
	0	1	2	3	4	5
A. Opening Session	0	0	1	6	7	6
B. The Current Status of Service	0	0	2	7	10	0
C. Evaluation of Student Development	3	0	1	8	7	1
D. Advocacy for Recreation Service for the Deaf-Blind	4	0	0	7	8	1
E. The Recreation Program	1	0	0	1	9	2
F. Closing Session	2	0	0	3	3	2

Table II (Continued)

Recreation Activity Educational Sessions	N Responding by category					
	0	1	2	3	4	5
A. Aquatics & Swimming	9	0	0	3	1	1
B. Arts & Crafts	7	0	0	3	4	0
C. Camping & Outdoor	7	0	1	2	4	2
D. Mental, Literary & Hobbies	7	0	2	3	1	0
E. Play & Recreation (Non-Structured)	5	0	0	6	3	1
F. Rhythm, Music & Dance	9	0	0	4	1	0
G. Sports	8	1	0	1	0	1
H. Physical Activity Session #1	6	0	0	2	1	6
I. Physical Activity Session #2	6	0	0	1	3	4
J. Physical Activity Session #3	6	0	0	2	2	3
K. Deaf-Blind at Leisure	4	0	1	2	5	1
L. Social Recreation for Deaf-Blind	5	0	2	1	4	2

III. Evaluation on the Basic of Individual Participant Objectives

The following is a rank order of the specific objectives the Institute Participants felt important.

Table III

	Individual Participant Objectives	N Responding
1.	To meet other professional persons in recreation services for Deaf-Blind	10
2.	To learn about recreation programs for Deaf-Blind	10
3.	Share information and ideas with other workers in the Deaf-Blind field	6
4.	To obtain a greater knowledge of recreation therapy	5
5.	To learn about the current status of recreation services for Deaf-Blind	5

Table III (Continued)

	N Responding
6. To find out the role and needs of recreation for Deaf-Blind	4
7. Learn about evaluation of programs	3
8. Find resources and persons working with Deaf-Blind	3
9. Learn how advocacy can be used to further services for Deaf-Blind	3
10. To acquire instructional materials for recreation for Deaf-Blind	2
11. To learn what the role of personnel working in recreation for Deaf-Blind should be	2
12. To find out how to intergrate Deaf-Blind into community recreation services	1
13. To participate in a National Institute	1
14. To learn about activities for Deaf-Blind	1

IV. Evaluation of the Institute Planning and Organization

Each segment of the planning and organization was rated by the Institute participants. The following scale was used:

1 - Quite Unsatisfactory
2 - Unsatisfactory
3 - Satisfactory
4 - Quite Satisfactory
5 - Highly Satisfactory

Table IV

	N responding by category				
	1	2	3	4	5
A. The effectiveness of the Work Group plan.	0	0	5	12	2
B. The Institute facilities, i.e. lecture room, group meeting room, etc.	0	0	4	5	11
C. The preliminary planning of the Institute and materials sent to participants.	0	2	10	6	2
D. The actual program, schedule and materials provided on arrival.	0	0	4	8	8
E. The Iowa Memorial Union accommodations.	0	0	1	4	13
F. The audio-visual and other equipment made available to participants.	0	1	1	7	10

Table IV (Continued)

	N responding by category				
	1	2	3	4	5
G. The decision to forego formal lunches and dinners in favor of free time for work or relaxation.	0	0	1	3	16
H. The general information and materials provided about the University of Iowa and activities.	0	0	4	8	8
I. Volunteer and secretarial assistance available during the Institute.	0	0	5	2	13
J. Resource materials available during the Institute.	0	0	3	7	9
K. The extent you were able to voice opinions, freely express yourself, etc.	0	0	0	6	14
L. The degree to which the Institute plan (part I of this evluation) correspond with your Individual Participation Objectives (part III of this evaluation)	0	0	3	10	3